TRANSPORTATION SERVICE REQUEST



INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at www.wcpss.net/transportation. Students must be eligible for transportation to receive services. To check eligibility, visit www.wcpss.net/preview. Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى Si necesita servicios خدمات الترجمة المحانبة للتعرف على سير العمليات بالمدرسة، اتصل . بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए नि:शुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sư thông dịch miển phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要 免费翻译服 务来了解学 校流程,请 致电 (919) 852-3303

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TRANSPORTATION REQUEST					
Will your student need bus transportation? ☐ Yes ☐ No		Name of school enrolled	Name of school enrolled		
If yes, when will this student need transportation? ☐ AM/PM (round-trip) ☐ AM only (morning rider) ☐ PM only (afternoon rider)					
PARENT/GUARDIAN INFORMATION					
Parent's First Name		Parent's Last Name			
E-mail		Phone Number (Best number to reach you)			
Street Address					
City	State		Zip Code		
STUDENT INFORMATION					
Student's First Name		Student's Last Name			
Street Address (If different from parent)					
City	State		Zip Code		

EOD OFFICE LISE ONLY

FOR OFFICE USE ONE!			
Registering school	Student ID Number	Name of Staff Member	