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.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303 إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم بالرقم 2003-3303 (919) 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 sự thông dịch miến 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

TRANSPORTATION REQUEST			
Will your student need bus transportation? ☐ Yes ☐ No)	Name of school enrolled	F 15
If yes, when will this student need transportation? ☐ AM/PM (round-trip) ☐ AM only (morning rider)	PM only (afternoon	rider)	
PARENT/GUARDIAN INFORMATION	NC		
Parent's First Name	Ĭ,	Parent's Last Name	77
E-mail		Phone Number (Best number to reach you)	
Street Address		2	W =
City	State	() () () () () () () () () ()	Zip Code
STUDENT INFORMATION			
Student's First Name		Student's Last Name	
Street Address (If different from parent)	i c	8	
City	State		Zip Code

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Registering school	Student ID Number	Name of Staff Hember
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