



Springfield Platteview Community Schools  
Student Transportation of America

**BUS REQUEST FORM 2017-2018 SCHOOL YEAR**  
PLEASE RETURN THIS FORM BY AUGUST 4th, 2017

Please complete this form if you will be utilizing bus service for the 2017-2018 school year. If bus service will not be needed please disregard this form. A bus service request form **MUST** be on file in order for your child to be eligible for bus service. When completed please return this form to the school or mail to:

Student Transportation of America  
10201 Sapp Brothers Dr  
Omaha, NE 68138  
(402) 884-4025  
Assistant Manager: Rod Jones

Please answer the following questions:

Will your child ride the bus to school?      Yes      No  
Will your child ride the bus after school?      Yes      No  
Did you use the bus service last year?      Yes      No

If you used service last year what route were you on? \_\_\_\_\_

Please clearly print the following information. Only one form is needed per family.

Student's Name	School	Grade

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please provide clear directions to your location or specify if this is a group pick up at one of the schools.

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