

**BUS SERVICE REQUEST FORM 2016-2017 SCHOOL YEAR**

Please complete this form if you will be utilizing bus service for the 2016-2017 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) 884-4222  
Assistant Manager: Rod Jones**

Please answer the following questions:

Will your child:  
Ride to school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ride 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.**

<b>Student's Name</b>	<b>School</b>	<b>Grade</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Address: \_\_\_\_\_  
Street 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_