**Bus Transportation Request/Add /Change Form**

Please print below and return to school by

***Please note for changes and new students, routing takes up to 3 business days from date received at the Transportation Office. Transportation office will contact the home with the route information.***

**Returning student**   **New Student**  **Withdrawn student** (no longer needing bus service)

SCHOOL ATTENDING: Saint Paul Catholic School EFFECTIVE DATE:

STUDENT ID NUMBER: GRADE:

**AM pick up:**  (Please circle days needed at this address) M T W TH F

**PM drop off:** (Please circle days needed at this address) M T W TH F

STUDENT NAME:

ADDRESS:

CITY ZIP

PARENT/GUARDIAN:

CONTACT NUMBERS

**CHANGE OF ADDRESS**

SCHOOL ATTENDING: Saint Paul Catholic School EFFECTIVE DATE:

STUDENT ID NUMBER: GRADE:

STUDENT NAME:

OLD ADDRESS:

**NEW** **ADDRESS**:

PARENT/GUARDIAN:

NEW CONTACT NUMBERS

**STUDENT TRANSFER WITHIN VCS SCHOOLS** EFFECTIVE DATE:

FROM (SCHOOL) TO (SCHOOL)

BOYS & GIRLS CLUB: WALK AT TRANSFER SCHOOL

\*\*\*\*\*TRANSPORTATION DEPARTMENT USE ONLY FAX 219-462-0409\*\*\*\*\*

RT# BUS # DRIVER CALLED: EFF.DATE:

STOP LOC: TIME: PARENT CALLED