



# Clio Area Schools

Transportation Department

Phone: (810) 591-0310 • Return Fax: (810) 591-8141

## Request for Transportation

Today's Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

(Please Print)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Please Circle What is Needed:**

A.M. Pick Up

P.M. Drop Off

Parent/Guardian: \_\_\_\_\_

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

### For Transportation Department Use Only

Assigned Bus Stop: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Driver: \_\_\_\_\_ Approved by: \_\_\_\_\_