Alachua County Public Schools

Magnet Program Request for Transportation Form

Date of request: _____ School term: _____

School name: _____ School #: _____

Student name: _____ Grade: _____

Last First MI

Student number: _____

Parent/guardian name: _____

Last First

Address: _____ Subdivision: _____

*** Primary Address Only ***

City: _____ State: _____ Zip: _____

Phone number (home): _____ (other): _____

☐ New student ☐ Returning student ☐ Change of schools ☐ Change of address

School Official;" _____

Signature

Magnet students will be transported from stops on main thoroughfares

Please check appropriate box *

☐ a.m. only ☐ p.m. only ☐ a.m. & p.m.

For use by the Transportation Department only

Bus number: (a.m.) _____ (p.m.) _____

Pick-up time: _____ Drop-off time: _____

Stop location: _____

Stop already on route sheet ___ yes ____ no If no, added: _____ (date)

Driver notified: ____ yes ____ no Date: _____

***** Student must have a completed copy of this form to give to bus driver ****