

KINDERGARTEN STUDENTS

SCHOOL: _____

ELIGIBLE FOR TRANSPORTATION for YEAR of _____

	Please Print	AK or PK	TRANSPORTATION ADDRESS	NOON STOP LOCATION	EXISTING AM OR PM STOP
STUDENT NUMBER					
STUDENT NAME					
STUDENT NUMBER					
STUDENT NAME					
STUDENT NUMBER					
STUDENT NAME					
STUDENT NUMBER					
STUDENT NAME					
STUDENT NUMBER					
STUDENT NAME					

- Eligibility:**
- *Students whose residence or daycare is more than one radius mile from their neighborhood school and resides within that PSA
 - *District & State determined hazardous walking route or condition
 - *Students with disabilities (must have 504 plan or SPED IEP)

Use this form from June through August 31, prior to school start up. For all requests after school start up use the BUS STOP REQUEST form.