



TRANSPORTATION REFUSAL FORM

(PLEASE PRINT)

My child, _____

will not be using the bus service for the this school year. I do understand that my child will have a bus route assignment per district policy.

Home Address: _____

Bus Route Color: _____

By signing this form, you agree that your child will NOT be riding the school bus for the entire school year. If any changes need to be made, a transportation form will need to be filled out one week in advance and given to the school office for approval. Any change will need to be consistent week to week. **No exceptions will be made.*

Parent/Guardian Name (please print)

Parent/Guardian Signature (please print)

Date

OFFICE USE ONLY:

DATE RECEIVED: _____

STAFF INITIALS: _____

DATE SUBMITTED TO TRANSPORATION: _____