

NORTHVIEW ELEMENTARY SCHOOL

BUS RIDERSHIP FORM

Please complete this form by circling yes or no below indicating whether or not your student will ride the bus.

Parent Name _____ Phone _____

Home Address: _____

Child(ren)'s Name(s)	Grade	Riding the Bus? (Circle Yes or No)	
_____	_____	Yes	No
_____	_____	Yes	No

Please fill out bottom portion IF request is being made for a pick-up or drop-off location different than your home address.

PICK-UP POINT REQUESTED (ADDRESS): _____
(if address is different than home address)

DROP-OFF POINT REQUESTED (ADDRESS): _____
(if address is different than home address)

REASON FOR THE CHANGE: _____

COMMENTS: _____

EFFECTIVE DATE: BEGINNING DATE _____ END DATE _____