

# NORTHVIEW ELEMENTARY SCHOOL

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## 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 \_\_\_\_\_