



**Pender County Schools
Transportation Request Form**

This form must be filled out completely in order for transportation to be provided.
PLEASE PRINT CLEARLY

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Grade: _____ **Daytime Phone # of Parent:** (_____) _____ - _____

911 Home Address (no PO Box): _____

Is the student transferring from a school in Pender County? Yes No
If yes, which school: _____

Morning Transportation: Yes No Alt. _____

Afternoon Transportation: Yes No Alt. _____

Yes = the student will ride the bus based on the address provided on this form

No = the student will not ride the bus

Alt. = the student will ride the bus based on the alternate address provided

Please check any special needs required: Lift Restraint Monitor

Parent Signature _____ Date _____

Administrator Use Only:

Bus #: _____ Driver: _____

ADD Transportation REMOVE Transportation

Transfer from Bus _____ to Bus _____

Entered into PCS database on _____ Initials _____