For Office Use:
Date Received_____
Date Faxed_____
Date Returned_____

Murray Independent Schools

Bus Transportation Request Form

Please complete one form for each child

Student's Name:_____Date_____

Parent/Guardian _____Phone #_____

Street Address_____

School: ☐ Preschool/Head Start ☐ MES ☐ MMS ☐ MHS

Grade _____Teacher's Name:_____

The student listed above:

☐ Will ride school bus in the A.M.
Home? ☐ Yes ☐ No
If no, Address_____

☐ Will ride school bus in the P.M.
Home? ☐ Yes ☐ No
If no, Address_____

☐ Will ride school bus in both A.M. and P.M.
Home? ☐ Yes ☐ No
If no, Address A.M._____
If no, Address P.M._____

☐ Will **Not** ride school bus.
My child will be: ☐ A Car Rider

☐ Going to Kid's Company

☐ Walking

☐ Other_____

☐ I am unsure about transportation for my child at this time. I will call the Board of Education (753-4363) to find the appropriate bus if my child chooses to ride the bus and/or changes busses. A new form will need to be filled out and returned to the school.

Parent/Guardian Signature_____Date_____