

Slaughter Community Charter School
BUS STOP REQUEST FORM 2024-2025

Use this form to request your child's bus stop.
Request must be signed by school administration and processed by First Student before a bus is assigned.

Please Note: Processing will take three school days.

Parents/Guardians will be contacted by First Student with an approved bus number and pickup/drop-off times.

STUDENT NAME: _____ DATE: _____

Entering Grade (select one): 7 8 9 10 11 12

____ My child does not require transportation for the 2024-2025 school year. (Please sign below and return form.)

Parent's Signature: _____

____ My child does require transportation for the 2024-2025 school year. (Please complete the remainder of this form.)

Address of student: _____

Address of requested bus stop: _____

Check one: Morning Afternoon Both

Parent/Guardian Name: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact: _____

Daytime Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____

FOR FIRST STUDENT AND OFFICE USE ONLY

SCHOOL ADMINISTRATOR'S SIGNATURE: _____

BUS NUMBER: _____ STOP LOCATION: _____

AM PICK UP TIME: _____ PM DROP OFF TIME: _____