

2019-2020

Mid Columbia Bus Company

Request for Transportation Services

AM Rt. # _____

PM Rt. # _____

STUDENT INFORMATION:

Student's Name: _____ Grade: _____

School: Cascade JH Aumsville Elem. Turner Elem.
 Cascade HS Cloverdale Elem. West Stayton School

Home Address: _____

Mailing Address: _____
(if different)

STOP INFORMATION:

Time of Day Service is Required: AM Mid-Day PM
(circle any that apply)

Days of Week Service is Required: Mon. Tue. Wed. Thu. Fri.
(circle any or all)

Requested Pick-Up Location: _____

Requested Primary Drop-Off Location: _____

Requested Alternate Drop-Off Location: _____
(ie: daycare, grandparent, etc.)

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

KINDERGARTEN RELEASE INFORMATION:

NOTE: Kindergarten Students will NOT be dropped off without a Parent or Guardian present.

Student can be released to:

Name:	Relation:	Phone No:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE RETURN THIS FORM TO YOUR CHILD'S BUS DRIVER OR SCHOOL

CONTACT INFORMATION: Paula Leyton - Location Manager

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