

Suffolk Public Schools
Transportation Department
Student Transportation Information
(One student per form)

Date: _____

Child's Name: _____
Print Name

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

2017-2018 Child's School: _____ 2017-2018 Grade: _____

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

My child's bus stop is based on the in zone address listed above.

AM PICK UP ONLY **PM DROP OFF ONLY** **BOTH AM/PM**

My child's bus stop is based upon the in zone day care address listed below.
This **DOES NOT** guarantee a house stop for the location listed below.

Day Care Provider's Name: _____

Day Care Provider's Address: _____

Day Care Provider's Phone Number: _____

AM PICK UP ONLY **PM DROP OFF ONLY** **BOTH AM/PM**

Parent Name _____ Parent Signature _____

Note: Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location. The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30th are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

FOR OFFICE USE ONLY: DATE RECEIVED _____

Submit forms to: Transportation Department
Suffolk Public Schools
120 Forest Glen Dr
Suffolk, VA 23434

Phone: (757) 925-5572
Fax: (757) 539-4303
email: annettemclamb@spsk12.net