



# Hart County

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## Charter System

### Student Transportation Request Form

Request Date: \_\_\_\_\_ Student's School of Attendance: \_\_\_\_\_

Student Name(s) \_\_\_\_\_ Student Grade(s) \_\_\_\_\_

Student Home Address: \_\_\_\_\_

(Student address should match the primary address listed in Infinite Campus)

Student/Parent Phone Number: \_\_\_\_\_

Please check all that apply:

\_\_\_\_ Student **Will** ride the bus one or more days per week. \_\_\_\_\_

\_\_\_\_ Student **Will** ride the bus in the AM. \_\_\_\_\_ **AM**

\_\_\_\_ Student **Will** ride the bus in the PM. \_\_\_\_\_ **PM**

School Bus Driver \_\_\_\_\_

School Bus Number \_\_\_\_\_