



# Bernard Bus Service

103 NORTHWEST DIVISION ST CHATFIELD, MN 55923



## STUDENT TRANSPORTATION REQUEST

Today's Date: \_\_\_\_\_ Date to Begin: \_\_\_\_\_ District Attending: \_\_\_\_\_

Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Guardian 1 Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Guardian 2 Cell Phone: \_\_\_\_\_

Parent(s) Email Address(es): \_\_\_\_\_

My child(ren) will be riding the bus: \_\_\_\_\_ mornings \_\_\_\_\_ afternoons

*Please provide a schedule to us if several changes are going to be made.*

Student Name(s):

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child(ren) will be riding to school in the morning or afternoon to an address other than my home:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

SPECIAL INSTRUCTIONS/ ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email form back to: [Josh@bernardbuservice.com](mailto:Josh@bernardbuservice.com)

Or mail to:

**Bernard Bus Service, Inc.**

**103 NW Division St. Chatfield, MN 55923**

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**OFFICE USE ONLY:**

Route Assignment \_\_\_\_\_ Pick-Up Time \_\_\_\_\_ Drop-Off Time \_\_\_\_\_

Notes: \_\_\_\_\_

**School Bus & Deluxe Motor Coach Service**

800-525-4287

www.bernardbuservice.com

507-867-3410