

Bernard Bus Service



103 NORTHWEST DIVISION ST CHATFIELD, MN 55923

STUDENT TRANSPORTATION REQUEST

Today's Date:	Date to Begin:	District Attending:
Parent(s) Name(s):	:	
Address:		Home Phone:
		Mom Cell Phone:
		Dad Cell Phone:
Parent(s) Email Ac	ddress(es):	
My child(ren) will be	e riding the bus:	mornings afternoons
Please provide a	schedule to us if severa	I changes are going to be made.
Student Name(s):		<u>Grade:</u>
	ding to school in the mornin	ng or afternoon to an address other than my home:
Name:		Name:
Phone:		
SPECIAL INSTRUC	TIONS/ ADDITIONAL IN	FORMATION:
Ema	nil form back to: mike	@bernardbusservice.com
OFFICE USE ONL	Bernard 103 NW Divisior	Or mail to: Bus Service, Inc. n St. Chatfield, MN 55923
		Time Drop-Off Time
Notes:		·
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