

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 Ad	dress(es):	
My child(ren) will be	riding the bus:mo	rnings afternoons
Please provide a	schedule to us if several ch	anges are going to be made.
Student Name(s):		<u>Grade:</u>
My child(ren) will be rid	ing to school in the morning or	afternoon to an address other than my home:
Name:		Name:
Address:		Address:
SPECIAL INSTRUCT	TIONS/ ADDITIONAL INFO	RMATION:
Em	ail form back to: josh@	bernardbusservice.com
	Bernard Bu	mail to: is Service, Inc. t. Chatfield, MN 55923
OFFICE USE ONLY	/:	
Route Assignment_	Pick-Up Tir	me Drop-Off Time
Notes:		