

U.S.D. 508  
Student Busing Request  
(Shuttle Bus)

**One student per form**

**Date:** \_\_\_\_\_ **Learning Center** \_\_\_\_\_

Due to limited seating capacity priority will be given by age with younger students taking precedence.

**Required Information:**

Child's name:

\_\_\_\_\_

Current address \_\_\_\_\_

Current Grade level: \_\_\_\_\_

**Note: Due to student safety concerns the shuttle bus will not return to the High School during the p.m. route. (Leaves from the High School only)**

My child will be riding the shuttle bus from \_\_\_\_\_ to \_\_\_\_\_  
(Lincoln, Central, Middle School, High School)

A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Both \_\_\_\_\_

Will your child ride? Daily \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely \_\_\_\_\_

If other than daily please explain.

\_\_\_\_\_

Phone Number or contact information.

\_\_\_\_\_

**Pending district approval any valid changes must be presented in writing to the appropriate building Principal.**

Parent or Legal Guardian signature: \_\_\_\_\_

**For office use only.**

Date received \_\_\_\_\_

Tentative Start Date: \_\_\_\_\_

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