



Springfield Public Schools
“We exist for the academic excellence of all students”

PARENT-PAID TRANSPORTATION APPLICATION
2010 – 2011 School Year

I am requesting parent-paid transportation for my child(ren). I understand that **pre-payment is required**. My children understand that all bus rules apply.

_____	_____	_____
Parent/Guardian Name (PLEASE PRINT)	date	Cell Phone Number
_____	_____	_____
Parent/Guardian Signature	Home Phone Number	Work Phone Number

Parent Mailing Address: _____

Street: (PLEASE PRINT)	Apt #	City	Zip
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Childs Home Address;; _____

Street (PLEASE PRINT)	Apt #	City	Zip
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Please list information for each child that you are requesting to receive parent-paid transportation: (**PLEASE PRINT**)

Child's Name	School	Grade	Pick Up/Drop Off Address (Should be the same)
_____	_____	_____	_____
_____	_____	_____	_____

SEND NO MONEY AT THIS TIME
You will be contacted if your request is approved!

PLEASE MAIL THE COMPLETED APPLICATION TO:
Ms. Kim Cantrell
Transportation Department
1359 E. St. Louis Street
Springfield, MO 65802
Phone: 523-0500
Fax: 523-0545
OR DROP OFF THE COMPLETED APPLICATION TO
1600 E. Chestnut Expwy

FOR OFFICE USE ONLY

Effective Date: _____

Stop location: _____

Route/Bus #: _____

Pickup Time: _____

Date Sent to KAC: _____

Date Approved: _____