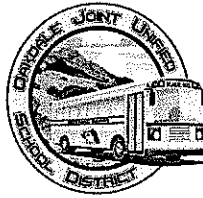


VALLEY HOME JOINT SCHOOL DISTRICT TRANSPORTATION REQUEST

Telephone(209)847-7003 Email- mustangmovers@ojusd.org



DATE _____

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____

WORK PHONE: _____

A.M. KINDERGARTEN _____

STUDENT ATTENDS THE FOLLOWING SCHOOL: (PLEASE CHECK SCHOOL STUDENT ATTENDS)

TEXAS CAMPUS _____

PIONEER CAMPUS _____

PLEASE FILL OUT THIS FORM IF YOU WANT A BUS RIDE AND SUBMIT IT TO SCHOOL OFFICE OR TO EMAIL LISTED ABOVE.

(FOR TRANSPORTATION OFFICE USE ONLY)

This student will ride route number: _____ Pick up time: _____ AM

A.M. Morning bus stop location:

This student will ride route number: _____ Drop off time: _____ PM

P.M. Afternoon bus stop location:

Parent Contacted _____ Parent Not Contacted _____ Left Message On Machine _____

Who Called the Parents or Left a Message : _____

Approved _____ Date _____

Escort _____ Non-Escort _____