

2024-2025



Valley Home Joint School District Transportation Request

PLEASE COMPLETE THIS FORM IF YOU WOULD LIKE BUS SERVICE AND SEND IT TO THE SCHOOL OFFICE.

Date: _____ Date to begin bus service: _____

Student Name: _____ Grade: _____

Address: _____

Nearest cross street: _____

Parent/Guardian Name: _____

Daytime phone number: _____

Work phone number: _____

Student attends the following campus:

_____ Texas Campus

_____ Pioneer Campus

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 _____

2024-2025



Solicitud de transporte del distrito escolar conjunto de Valley Home

POR FAVOR COMPLETE ESTE FORMULARIO SI DESEA EL SERVICIO DE VIAJE EN AUTOBÚS Y ENVÍELO A LA OFICINA DE LA ESCUELA.

FECHA: _____ FECHA PARA COMENZAR A VIAJAR EN AUTOBÚS: _____

NOMBRE DEL ESTUDIANTE: _____ GRADO: _____

DIRECCIÓN: _____

CALLE QUE CRUZA MÁS CERCANA: _____

PADRE/GUARDIÁN: _____

TELÉFONO CELLULAR: _____

TELÉFONO DEL TRABAJO: _____

EL ESTUDIANTE ASISTE A LA SIGUIENTE ESCUELA:

_____ Campus de Texas

_____ Campus de Pioneer

SOLO PARA USO DE LA OFICINA DE TRANSPORTE

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

A.M. Morning bus stop location: _____

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