

Suffolk Public Schools  
Transportation Department  
Student Transportation Information  
(One student per form)

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Print Name

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2017-2018 Child's School: \_\_\_\_\_ 2017-2018 Grade: \_\_\_\_\_

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

My child's bus stop is based on the in zone address listed above.

**AM PICK UP ONLY**       **PM DROP OFF ONLY**       **BOTH AM/PM**

My child's bus stop is based upon the in zone day care address listed below.  
This **DOES NOT** guarantee a house stop for the location listed below.

Day Care Provider's Name: \_\_\_\_\_

Day Care Provider's Address: \_\_\_\_\_

Day Care Provider's Phone Number: \_\_\_\_\_

**AM PICK UP ONLY**       **PM DROP OFF ONLY**       **BOTH AM/PM**

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Note: Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location.** The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30<sup>th</sup> are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

**FOR OFFICE USE ONLY: DATE RECEIVED** \_\_\_\_\_

Submit forms to: Transportation Department  
Suffolk Public Schools  
120 Forest Glen Dr  
Suffolk, VA 23434

Phone: (757) 925-5572  
Fax: (757) 539-4303  
email: annettemclamb@spsk12.net