



## STUDENT TRANSPORTATION REQUEST FORM 2011-2012

To request bus service for your child, please complete the following information and return to your campus by July 29. You will be notified by the bus company regarding bus stop, pick-up and drop off times for the 2011-2012 school year. Please note that stops will be no less than 3 blocks from the home address and that pick-up and drop-off locations will be the same unless there is a special request made.

Any change requests must be submitted to Confluence Academy personnel only. The bus transportation company does not have the authority to accept change requests from parents. Only changes authorized by Confluence Academy will be submitted to the bus company. Once the changes are authorized and submitted to the bus company, it can then take up to five days before these changes take effect. Parents must plan for alternate transportation during this five-day period.

South City Compton  
4235 South Compton Ave.  
Saint Louis, MO 63111

South City Meramec  
3112 Meramec  
Saint Louis, MO 63118

Old North  
3017 North 13<sup>th</sup> Street  
Saint Louis, MO 63107

Walnut Park  
5421 Thekla Ave.  
Saint Louis, MO 63120

Confluence Prep  
310 North 15<sup>th</sup> Street  
Saint Louis, MO 63103

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### 1. Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade: KG 01 02 03 04 05 06 07 08 09 10 11 12

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### 2. Home Address and Contact Information

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mother's Phone (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W or Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Phone (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W or Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Phone (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W or Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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### 3. If Pickup/Drop-off Location is different than home address, please complete the following request.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daycare/After School Program Address: \_\_\_\_\_

Effective date: \_\_\_/\_\_\_/\_\_\_ Daily rider?  Yes  No **OR** only these days:  M  T  W  Th  F

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Parent Signature

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Date