



Stafford Public Schools Request for Drop Off of PreK-3 Student*

Name of PreK - Grade 3 Student(s):

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Name of Responsible Student(s) (must be in grade 6 or higher):

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Home Address:

House Number: _____ Street: _____ Apt # _____

Current Bus Route Number: AM _____ PM _____

Additional Comments:

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

*In accordance with Board of Education Policy 3541.22- Business and Non-Instructional Operations: Transportation.

*****To be completed by Stafford Public Schools' Staff*****

Approved: _____ Date: _____

Denied: _____ Date: _____

Faxed to Bus Company By: _____ Date: _____