

REQUEST FOR DEPENDENT SCHOOL TRANSPORTATION

School Year _____

FOR PROGRAM USE ONLY:

Departure Time: _____ Child Care: _____ Proof of: _____ Residency: _____ Dependency: _____

SPONSOR INFORMATION:

NAME OF ACTIVE DUTY SPONSOR (Last, First, MI)		RANK	BRANCH OF SERVICE	XXX-XX SPONSOR'S LAST 4 (SSN)
ORGANIZATION	DUTY PHONE		CELL PHONE	HOME PHONE
HOME ADDRESS			CITY	STATE ZIP CODE
PERSONAL EMAIL			WORK EMAIL	

SPOUSE INFORMATION:

SPOUSE NAME		SPOUSE WORK PHONE	SPOUSE CELL PHONE	
SPOUSE WORK ADDRESS		CITY	STATE	ZIP CODE
SPOUSE PERSONAL EMAIL		SPOUSE WORK EMAIL		

EMERGENCY CONTACT:

NAME OF EMERGENCY CONTACT		EC HOME PHONE	EC CELL PHONE	
EC HOME ADDRESS		CITY	STATE	ZIP CODE

CHILDREN'S INFORMATION:

CHILD	DOB	AGE	GRADE	SCHOOL	BUS STOP	BUS ROUTE
CHILD	DOB	AGE	GRADE	SCHOOL	BUS STOP	BUS ROUTE
CHILD	DOB	AGE	GRADE	SCHOOL	BUS STOP	BUS ROUTE
CHILD	DOB	AGE	GRADE	SCHOOL	BUS STOP	BUS ROUTE

SCHOOL REQUESTED: _____

CERTIFICATION THAT SCHOOL DOES NOT PROVIDE TRANSPORTATION: _____

(Provide any records or information you have that clearly states the school does not provide transportation for its students.)

I certify that all information on this document is true, correct, and complete. I agree to counsel my children regarding proper conduct on school buses as per the "Rules of Conduct for Bus Passengers" signed by me during the registration process. I understand that the military sponsor listed above assumes full responsibility for compliance with all the requirements of the bus transportation program and for my children's actions on the bus and at the bus stop. I understand that my child's misconduct may result in disciplinary action and/or loss of transportation privileges and when requested, an adult member of my family will serve as a bus monitor. I also understand that only the sponsor's legal dependents listed above are authorized busing privileges assigned to government quarters in the District of Columbia. Further, I agree to immediately notify the Joint Base Anacostia-Bolling School Bus Transportation Office if there are any changes in phone numbers, address, status, or eligibility to receive this service or if there is a change to any other information recorded on this document. I understand that failure to notify the Bus Transportation office of changes may result in suspension of my child's bus privileges.

SIGNATURE OF SPONSOR (OR SPOUSE ON BEHALF OF SPONSOR) _____

DATE _____