

**Sidney Community School District  
Transportation Request Form**

Dear Parents,

Accurate records of students riding school transportation are required of each bus driver. Please complete this form prior to your student riding a school bus. Thank you!

Students:

First Name	Last Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below any health risks for your students:

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian:

First Name	Last Name	Phone Number
_____	_____	_____
_____	_____	_____

Address of Bus Stop (including 911#):

\_\_\_\_\_

Emergency Contact (if parent can not be reached):

Name	Phone Number	Extension
_____	_____	_____

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**(detach and keep for your records)**

**CALL THE BUS BARN BEFORE 7:00 AM IF YOUR CHILD WILL NOT  
NEED TRANSPORTATION FOR ANY REASON THROUGHOUT THE  
SCHOOL YEAR.  
(712) 370-2434**