

**Slaughter Community Charter School**  
**BUS STOP REQUEST FORM 2023-2024**

Use this form to request your child's bus stop.

Request must be signed by school administration before First Student can assign a bus number.

Please note: Any changes will take three school days to implement.

**STUDENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ENTERING GRADE** (select one): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

\_\_\_\_ My child **does not require** transportation for the 2023-24 school year. (Please sign below and return form.)

**Parent's Signature:** \_\_\_\_\_

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\_\_\_\_ My child **does require** transportation for the 2023-24 school year. (Please complete the remainder of this form.)

**ADDRESS OF STUDENT:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS OF REQUESTED BUS STOP:** \_\_\_\_\_

\_\_\_\_\_

**CHECK ONE:** ☐ MORNING ☐ AFTERNOON ☐ BOTH

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

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**FOR FIRST STUDENT AND OFFICE USE ONLY**

**SCHOOL ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_

**BUS NUMBER:** \_\_\_\_\_ **STOP LOCATION:** \_\_\_\_\_

**AM PICK UP TIME:** \_\_\_\_\_ **PM DROP OFF TIME:** \_\_\_\_\_