ONLY Completed forms accepted

## Atchison Public Schools REGULAR ROUTE BUS FORM

Use black or blue ink pens - NO PENCILS

		**]	Do not	complete this form i	f your	child bas tra	ınsporta	tion servic	es on thei	r IEP.**		
AES (Grade)			AMS* (Grade)			_ AH	AHS* (Grade)			CS* (Grade)		
TRANSPORTATION POI Any high school student er Any middle school student Any elementary student en	rolled a	at Atchison d at Atchis	on Mid	dle School/Central Scho	ool livii	ng 1,25 miles	or more f	from school	on the rout	te of least travel.		
Student's Name:  (First and Last) (A separate form must be completed for each child requesting to ride a USD								Student's DOB:				
(First and Last) (	А ѕерага	te form must	be com	pleted for each child reques	sting to 1	ride a USD 409	school bus	s)		MM/DD/YYYY		
Parent/Guardian's Na	me (Fi	irst and Las	t):									
				Only names listed here v	vill be al	llowed to make	changes to	this child's l	bus route,			
Home Address (No P.C	D. Box l	Numbers) _	Whe	ere this student is currently	residing	. Provide city/s	tate/zipcoo	de if not in A	tchison, Kan	sas.		
Email Address:												
			C	only used to notify parents/	guardiai	ns of their child	s bus info	mation (new	& changes).	10 Addis 2000 (10 Ac 10		
Home Phone: Work Phone:							Cell Phone:					
									•			
Write this student's	pick i	ոь ասգ գ	rop o	ff <u>bus stop</u> below	(or ac	ldress if u	asure w	here the	e bus stor	p would be):		
BEFORE school bus	stop:											
This bus stop is:		Home		Sitter/Day Care	O	Relative		Other		NO bus service before school requeste	d	
AFTER school bus s	ton:											
This bus stop is:		Home		Sitter/Day Care		Relative	O	Other		NO bus service after school requested		
My child will ride:		Daily		Once in a while*						ce Center (367-6382) before 6:30 a.m. for		
					AN	IS/AHS/CS	or 7:00	a.m. for	AES stude	ents.		
Atchison Public Schools h 6382. All students will he pick up point and/or to the	ave only	y <u>one desig</u>	nated	pick up and drop off p	oint. S	Students signe	d up for b	nated pick ous transpo	up and drop rtation will	o off points, contact the Service Center at 913-367 ONLY be allowed to ride from their designated		
CHANGES to bus route: one can be completed over	Only na	mes listed one by calli	above ving the	will be allowed to make Service Center, If you l	a chan have ar	ge to this stud sy questions re	ent's bus garding t	route. Cor this informa	mplete a Ch ation, pleas	nange of Information form at your child's school or e call at the Service Center at 913-367-6382.	Γ	
Misc. Information:												
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FOR SERVICE CE			E US	E ONLY		A D'	EED CC	TIOOIF	TIC DAT	TTTT	_	
BEFORE SCHOOL BUS ROUTE:							AFTER SCHOOL BUS ROUTE:					
Pick Up Bus Stop:							Drop Off Bus Stop:  Drop Off Bus #:					
Pick Up Time:					_	Dro	p Off E	sus #:				
Pick Up Bus #:										<del> </del>		
This student will beg	in ridi	ng on:	ľ	□ Mon □	Tu	es f	J We	d	☐ Thu	r 🔘 Fri		
	,	ω	_			_				MM/DD/YY		

Atchison Public Schools, USD 409, does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dr. David Myers, USD 409 District Coordinator of Section 504, ADA, Title VI, and Title IX, 626 Commercial, Atchison, KS 66002, 913-367-9519.