

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
APPLICATION FOR FREE BUSING School Year _____

**PROGRAM IMPROVEMENT
TRANSPORTATION REQUEST**

COMPLETE THIS APPLICATION AND RETURN TO THE TRANSPORTATION DEPARTMENT
WAS STUDENT ENROLLED IN TAHOE TRUCKEE UNIFIED SCHOOLS LAST YEAR? YES ___ NO ___

INCLUDE ALL CHILDREN IN THE HOUSEHOLD STUDENT/CHILD INFORMATION			NAME OF SCHOOL YOU ARE REQUESTING	GRADE	DISTRICT USE ONLY
LAST NAME	FIRST NAME	STUDENT I.D. NUMBER			
1.					
2.					
3.					
4.					
5.					
6.					

LIST PARENT/GUARDIAN NAME(S)

LAST NAME	FIRST NAME	DISTRICT USE TOTAL:
1.		
2.		
3.		
4.		

X

SIGNATURE OF PARENT OR GUARDIAN COMPLETING THIS FORM _____

DATE _____

PRINT NAME _____ HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

DISTRICT USE ONLY

RULES _____ STOP CODE _____ DESCRIPTION _____ AMRT _____ TIME _____ PMRT _____ TIME _____