



# Student Transportation Request Form



**Oak Park Schools**

## Contact Information:

Parent(s) Name:		Street Address: City, State, Zip Code	
Mother's Phone Number:		Father's Phone Number:	
Email Address:		Home Phone:	
My child(ren) will be riding the bus: (please circle)	Mornings      Afternoons	Best time to contact:	Mornings: 8:30 am – 11:30 am Afternoons: 12:30 pm – 2:30pm

## Student(s) Information:

#	Name of Student	D.O.B	Grade	School Attending
1.		/ /		
2.		/ /		
3.		/ /		
4.		/ /		
5.		/ /		

Special Instructions/ Additional Information/ Authorized people to release student to from the bus. If no one listed only parents can get student off the bus (applies to kindergarten students and all elementary students using Detroit stops)

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM DD YYYY  
 Print Name \_\_\_\_\_

### OFFICE USE ONLY:



Route Assignment: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_ Drop-Off Time: \_\_\_\_\_

Home school based on address:    Lessanger    Einstein    Key    Pepper    OPPA    OPHS    NOVA

Notes: \_\_\_\_\_

EMAIL FORM BACK TO: [BRENDA.PANEK@FIRSTGROUP.COM](mailto:BRENDA.PANEK@FIRSTGROUP.COM)

BUS YARD PHONE NUMBER: 248-336-7601

MAIL FORM BACK TO: 22180 Parklawn St., Oak Park, MI 48237

Student's will only be authorized to start riding the bus after being contacted by transportation