[Out-Of-District Residents / 2023-2024 School Year]

WEST BLOOMFIELD SCHOOL DISTRICT SCHOOL OF CHOICE SHUTTLE REQUEST

Student Name (one form per child):	
Street Address:	
City and Zip Code:	
Telephone Number(s):	
School of Attendance:	
Bus Stop Location:	
Multiple buses using the same stop location are assigned alphaneeds to be on the same bus as another child (cousin, sibling v	· · ·
I authorize the following person(s) to receive my child(ren) at t Name:	the bus stop: Phone Number:
Parent's Signature:	Date:
Parent's E-mail address (to contact you regarding this form):	
New bus stops will not be created, nor will bus routes k	pe altered to satisfy individual needs
Email this form to greg.campbell@wbsd.org or hand deliver to 3340 Orchard Lake Road. Students will be assigned a seat on space availability. You will be notified as to your status and ro processed. If you have questions, please contact the Transpor Please consult the West Bloomfield School District website (wo	the bus based on order received and oute information once the form is tation Department at (248) 865-3680.
Transportation) for information regarding student behavior, th Durham Bus Tracker.	e Transportation Handbook and
We need you to be present and on-time when receiving your multiple times to their school because of no adult present to their riding privileges.	
If you would like your child to be dropped off regardless if any will wait for ride, etc.), please check the box and sign: []	· · · · · · · · · · · · · · · · · · ·