

First Student Transportation

115 Industrial Park Drive

Dover, NH 03820

603-742-5984

Fax: 603-749-2876

Email: paula.tibero@firstgroup.com

REQUEST FOR BUS TRANSPORTATION

Personal Information:

Parent's Name: _____

Address: _____ Telephone Number: _____

Student's Name: _____ Grade: _____

Public School Information:

School: _____

Daycare Information:

Name of Daycare: _____ Contact Person: _____

Address: _____ Telephone Number: _____

Schedule:

Monday A.M. _____ Monday P.M. _____

Tuesday A.M. _____ Tuesday P.M. _____

Wednesday A.M. _____ Wednesday P.M. _____

Thursday A.M. _____ Thursday P.M. _____

Friday A.M. _____ Friday P.M. _____

Specify any special situations: _____

Start Date: _____ Bus # _____

Guidelines:

1. This request will be granted if the following conditions apply: the drop off is located within the school district boundaries and there is room on the school bus for the student.
2. The parents/guardians and the student understand that while on the school bus, the child is required to follow the school district's transportation guidelines.
3. Without this authorization, my child will not be able to ride a bus other than the one to which he/she is assigned.

If you have any questions, please contact Paula Tiberio at First Student Transportation at 742-5984.

For Office Use Only:

Verify space is available _____

Send letter to parent/guardian _____

Send information to school _____

Update student roster _____

Copy to driver _____

Update route sheet if applicable _____