

NCCS BUS NOTE

Request Date: _____ Student's Name _____ School Attending _____ Grade _____

Student's Regular Bus # _____ Home Address _____

Parent/Guardian Contact Information: _____

Name of person where student is going: _____ Address: _____

_____ Phone # at this address: _____

Monday: a.m./p.m. **Tuesday:** a.m./p.m. **Wednesday:** a.m./p.m. **Thursday:** a.m./p.m. **Friday** a.m./p.m.

Bus # student will ride on to requested address: _____

Parent's Signature: _____ Date: _____

For Office Use Only	
Office Staff Acknowledgement <input type="checkbox"/>	Notified Transportation Department <input type="checkbox"/>