



**ROMEO COMMUNITY SCHOOLS
TRANSPORTATION DEPARTMENT
EXISTING SCHOOLS OF CHOICE
TRANSPORTATION REQUEST**

399 SISSON ST
ROMEO, MI 48065
PHONE: 586-752-0267
FAX: 586-752-0414

This form should be completed for previously approved School of Choice (SOC) students seeking transportation. A separate form must be completed for each student.

PLEASE PRINT

APPROVED SOC SCHOOL _____ TODAY'S DATE _____

STUDENT LAST NAME _____ STUDENT FIRST NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

If you want your child picked up/dropped off near a location other than your address, complete the following:

ALTERNATE ADDRESS _____

ALTERNATE'S NAME AND PHONE _____

I hereby certify that the information provided is accurate. I also understand that if transportation cannot be provided by RCS, I am responsible for transporting my child to and from school.

SOC Students may be transported from an established stop to and from school depending on seat availability and approval by the Superintendent. Determination of seat availability will be completed by the 10th day of the new school year and parents will be notified by phone. You must reapply every year by Sept. 1.

Parent/Guardian Signature _____ Date _____

Please be sure to call Transportation if the student will not be riding the bus for any reason. After three (3) days of no call/no show, we will not return, and you will need to contact Transportation to resume services. Please allow five (5) days for changes to take effect.

If you have any questions regarding this form, please contact the Transportation Department at 586-752-0267. Thank you for your cooperation.

For Transportation Use:

AM BUS _____

PM BUS _____

NOTES: _____