

SCHOOL OF CHOICE BUS APPLICATION

This form is for out-of-district students attending Oxford Schools that would like to apply for bus service for the current school year.

school year.			
Student(s) Name	School	Grade	Date
Home Address	City	Zip Code	Home Phone
Parent Name	Email Address	Cell Phone	Work Phone

The Transportation Department will review applications based on board policy and established guidelines. Filling out this application does not guarantee your student will receive bus service. School of Choice bus applications will be reviewed after the first 3 weeks of school to determine bus availability and placement. It is the parent's responsibility to transport school-of-choice students to and from their attending school. Bus service is subject to availability and Transportation Director approval.

All requests will be responded to either in writing or with a phone call **after** the first 3 weeks of the beginning of the school year.

Denied

Date:

Initials:

FOR TRANSPORTATION OFFICE USE ONLY

Initials:

Other Information						
AM Bus Stop Location	DAYS USED (Please ircle)			AM PICK UP & LSW PICK UP TIMES		
	M	Т	W	Th	F	
PM Bus Stop Location	DAYS USE	D (Please		.)		PM DROP OFF TIME
	М	Т	W	Th	F	

PLEASE RETURN FORM VIA ONE OF THE FOLLOWING OPTIONS:

EMAIL: transportationdepartment@oxfordschools.org

Date:

Accepted

MAIL: Oxford Community Schools, ATT: Transportation Dept, 10 N. Washington St, Oxford, Michigan 48371