



Oro Grande School District

Heather Griggs, Ed.D.
Superintendent

Student Request for School Bus Transportation

Student Full Name: _____

Primary Address: _____

Primary Phone: _____

School: () High School () Middle School () Elementary Grade: _____

Parent Pick up Cards: Parent pick up cards are required for students TK- 3rd Grade. Please Contact Transportation Department for your Parent Pick Up Cards

Student will ride the bus: () Mornings () Afternoons () Both, Morning & Afternoons

Parents / Legal Guardian Name: _____

Contact Phone: _____ Email: _____

Bus Stop Location (s) Requested: (Please note: Students are allowed one stop location for pick-up and one stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and /or drop off locations. Students will be assigned to the nearest designated bus stop to the requested address/location.)

AM Stop Location _____

PM Stop Location _____

Additional Students: (If all are using the same Bus Stops)

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

Effective Dates For Transportation: Start Date: _____ End: _____

Parents/ Guardian Signature: _____ Date: _____

PO BOX 386 / 19900 National Trails Hwy., Oro Grande, California 92368 (760) 243-5884

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