

GARMISCH SCHOOL COMPLEX TRANSPORTATION REQUEST

martin.brewer@dodea.edu

Ph: 08821-750-2611 Ext 4505

DSN: 440-2611 Ext 4505

Sponsor's Information:

Name: _____
First Middle Last Jr/Sr/Generation

DEROS: Month _____ Year _____ Branch: _____

Title/Pay Grade: _____ Home Phone: _____

Duty Phone: _____ Cell Phone: _____

Home Email: _____

Work Email: _____

For Official Use Only: SY20/21

_____ New Student

_____ Returning Student Bus

Assignment _____

Stop Assignment _____

Notes _____

Unit/Organization Name: _____

Unit Location: _____

Personal Mailing Address:

CMR _____ Box _____

APO, AE _____

Zipcode

Home Address: _____

Pickup/Drop-Off Request:
(For Example: Home, SAS, CDC, FCC Provider)

AM: _____

PM: _____

Requested Start Date: _____

Emergency Contact:

Name: _____

Phone: _____

Student's Information: **If you have more than 3 students please write on the back and check here _____*

(1) Name: _____ Birthdate: _____
First Middle Last Jr/Sr/Generation Month/Day/Year

Gender: <small>Select One</small> Male Female	School: GEMS MIS <small>Select One</small>	Grade: _____
---	--	---------------------

(2) Name: _____ Birthdate: _____
First Middle Last Jr/Sr/Generation Month/Day/Year

Gender: <small>Select One</small> Male Female	School: GEMS MIS <small>Select One</small>	Grade: _____
---	--	---------------------

(3) Name: _____ Birthdate: _____
First Middle Last Jr/Sr/Generation Month/Day/Year

Gender: <small>Select One</small> Male Female	School: GEMS MIS <small>Select One</small>	Grade: _____
---	--	---------------------

Spouse's Information:

Name: _____
Title First Middle Last Jr/Sr/Generation

Phone: _____ Email: _____

Statement of Understanding:

I have received and read the school bus student standards of behavior. I agree to discuss these rules with my child(ren) that ride the school bus. I understand that any misconduct by my child(ren) on the school bus could result in the suspension of my child(ren)'s bus riding privileges. I will promptly report any change of address, phone number, or email to the Garmisch GEMS/MIS SBO, especially if bus service is no longer needed. I have read and understand the GEMS Web page, specifically the included "space available" guidelines. I understand that if I choose to live outside of the Garmisch Commuting zone, I will have to transport my children at my own expense to an available stop within the zone.

Date _____

Parent or Legal Guardian Signature