

# HOHENFELS SCHOOL BUS TRANSPORTATION REQUEST

Hohenfels.SBO@DODEA.EDU

COM-09472-83-2829 Ex 4042 DSN-466-2829

**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

<b>Gender:</b> <small>Select One</small> Male Female	<b>School:</b> Hohenfels ES K-5 Hohenfels HS 6-12 <small>Select One</small>	<b>Grade:</b> _____
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(2) **Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
First Middle Last Jr/Sr/Generation Month/Day/Year

<b>Gender:</b> <small>Select One</small> Male Female	<b>School:</b> Hohenfels ES K-5 Hohenfels 6-12 <small>Select One</small>	<b>Grade:</b> _____
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(3) **Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
First Middle Last Jr/Sr/Generation Month/Day/Year

<b>Gender:</b> <small>Select One</small> Male Female	<b>School:</b> Hohenfels ES K-5 Hohenfels HS 6-12 <small>Select One</small>	<b>Grade:</b> _____
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**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 Student Transportation Office, especially if bus service is no longer needed. I have read and understand the Hohenfels Student Transportation Handbook, specifically the included "space available" guidelines. I understand that if I choose to live outside of the school bus zone, I will be responsible for transporting my students to the closest bus stop already in use. I understand that if I choose "exception to feeder" transportation is NOT PROVIDED.

**Date** \_\_\_\_\_

**Parent or Legal Guardian Signature**