

# STUTTGART STUDENT TRANSPORTATION REQUEST

STUTTGART.SBO@DODEA.EDU

COMM: 07031-154000 #4 OR 07116-807191 #4090

DSN: 431-4000 #4 OR 430-7191 #4090

## 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> <small>Select One</small>	Patch ES	Robinson Barracks ES	Stuttgart ES	<b>Grade:</b> _____
				Patch MS	Stuttgart HS		

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

<b>Gender:</b> <small>Select One</small>	Male	Female	<b>School:</b> <small>Select One</small>	Patch ES	Robinson Barracks ES	Stuttgart ES	<b>Grade:</b> _____
				Patch MS	Stuttgart HS		

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

<b>Gender:</b> <small>Select One</small>	Male	Female	<b>School:</b> <small>Select One</small>	Patch ES	Robinson Barracks ES	Stuttgart ES	<b>Grade:</b> _____
				Patch MS	Stuttgart HS		

## 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 and the Student Transportation Handbook. I agree to discuss all safety guidelines and riding 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 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**