



March 1, 2017

Dear Parents/Guardians:

In order for us to adequately plan for the 2017-2018 school year, we are requesting that you submit the attached form to the Transportation Department, at 120 Forest Glen Dr, Suffolk, VA, 23434. You may also email the attached form to [annettemclamb@spsk12.net](mailto:annettemclamb@spsk12.net), or return it to your child's school. The forms are due by June 30, 2017, for currently enrolled students. We will notify you only if we are unable to meet your request. Any form received after August 11<sup>th</sup>, 2017 will not be acted upon till September 20<sup>th</sup>, 2017 in the order that they are received.

If your child receives special needs transportation please disregard this form as the special education department will be contacting you regarding your child's transportation.

**RECEIPT OF THIS FORM IS DEPENDENT ON YOUR CHILD RECEIVING A BUS STOP FOR THE 2017 – 2018 SCHOOL YEAR, IF THIS FORM IS NOT RETURNED YOUR CHILD WILL NOT BE ASSIGNED TO A BUS RUN.**

Again, thank you in advance for your willingness to provide Suffolk Public Schools with important information regarding your child's transportation.

Suffolk Public Schools  
Transportation Department  
Student Transportation Information  
(One student per form)

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Print Name

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2017-2018 Child's School: \_\_\_\_\_ 2017-2018 Grade: \_\_\_\_\_

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

My child's bus stop is based on the in zone address listed above.

**AM PICK UP ONLY**

**PM DROP OFF ONLY**

**BOTH AM/PM**

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My child's bus stop is based upon the in zone day care address listed below.  
This **DOES NOT** guarantee a house stop for the location listed below.

Day Care Provider's Name: \_\_\_\_\_

Day Care Provider's Address: \_\_\_\_\_

Day Care Provider's Phone Number: \_\_\_\_\_

**AM PICK UP ONLY**

**PM DROP OFF ONLY**

**BOTH AM/PM**

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Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

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Note: **Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location.** The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30<sup>th</sup> are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

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**FOR OFFICE USE ONLY: DATE RECEIVED** \_\_\_\_\_

Submit forms to: Transportation Department  
Suffolk Public Schools  
120 Forest Glen Dr  
Suffolk, VA 23434

Phone: (757) 925-5572  
Fax: (757) 539-4303  
email: [annettemclamb@spsk12.net](mailto:annettemclamb@spsk12.net)