

**RICHMOND COMMUNITY SCHOOLS
FORM T-10**

This form must be completed for any student requesting transportation when that student's residence is not within the busing area or if the student is to be picked up or dropped off at a stop or residence other than his/her residence. Approval may be granted if the student can get to a normal pick up area and if there is room on the bus traveling that route. The form must be approved by the Director of Transportation. Applicants will be informed about the decision.

Please note: This special request can only made for a minimum of two weeks and the stop must be at the same place. Approval may not be given for less than two days per week even if it is for the required two week minimum.

Date of Request: _____

Name of Student: _____ Grade: _____

Parent/Guardian Name: _____

Address of Residence: _____

Phone # of Residence: _____ Student Enrolled in _____ School

Please list the addresses where your child will picked up and dropped off.

AM Pick-up address: If AM transportation is not needed please enter "N/A"

PM Drop-off address: If PM transportation is not needed please enter "N/A"

Phone Number of Alternate Address: _____

Date to Start: _____ Date to End: _____

Parent Signature: _____

Principal Signature: _____

BUS GARAGE USE ONLY

**Please send form to: Student Transit
3175 Salisbury Rd. N.
Richmond, IN 47374**

AM Bus: _____

PM Bus: _____

**This form must be submitted 3 days before the student is to start riding the bus.
At the beginning of the school year it may take longer for the approval process.
Incomplete forms will be returned to the school.**