

**FLAT ROCK-HAWCREEK SCHOOL CORPORATION  
REQUEST FOR TRANSPORTATION FORM**

PHONE: 812-546-4922 FAX: 812-546-5617 E-MAIL: jtedder@flatrock.k12.in.us

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*This form must be completed and returned to the Transportation Department two (2) days prior to the day the change is to be implemented.*

*A request will not be in effect until it has been processed and approved by the transportation department.*

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**Please Check**

\_\_\_\_\_ **New Student**

\_\_\_\_\_ **New Address**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Please Check**

\_\_\_\_\_ **Transportation Change**

NAME OF PERSON STUDENT STAYING WITH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

REQUESTED DATE(S) OF IMPLEMENTATION \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

**Transportation Office Use Only:**

Present Bus #: \_\_\_\_\_

Change to Bus #: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Transportation Signature \_\_\_\_\_ Date \_\_\_\_\_