

School Bus Resume / Additional AM/PM Form

Name of Student	Address	Class

Please tick (✓) the appropriate box for the service(s) request:

 AM BUS PM BUS

Date Effective From: _____

Submitted By:

Parents/Guardian Name:	
Signature:	
Date Submitted:	
HP Number:	

Note: Parents must inform the Transport Office and provide 2 weeks' notice for additional service and/or any service to resume.

For Official use Only

Date received	Received by (Coordinator)