

SCHOOL OF CHOICE BUS APPLICATION

This form is for out-of-district students attending Oxford Schools that would like to apply for bus service for the current school year.

school year.							
Student(s) Name	School	Grade	Date				
Home Address	City	Zip Code	Home Phone				
Parent Name	Email Address	Cell Phone	Work Phone				

The Transportation Department will review applications based on board policy and established guidelines. Filling out this application does not guarantee your student will receive bus service. School of Choice bus applications will be reviewed after the first 3 weeks of school to determine bus availability and placement. It is the parent's responsibility to transport school-of-choice students to and from their attending school. Bus service is subject to availability and Transportation Director approval.

All requests will be responded to either in writing or with a phone call **after** the first 3 weeks of the beginning of the school year.

FOR TRANSPORTATION USE ONLY								
○ Approved	Date:	Initia	als:		0	Denied	Date	: Initials:
BUS #				Rea	eason Denied			
Other Information								
AM Bus Stop Location DAYS USED (Please Circle) AM PICK UP & LSW PICK UP TIMES						AM PICK UP & LSW PICK UP TIMES		
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PM Bus Stop Loca	ation	1	DAYS USED (Please Circle)				PM DROP OFF TIME	
			M	T	W	Th	F	

PLEASE RETURN FORM VIA ONE OF THE FOLLOWING OPTIONS:

EMAIL: Kelly.fulk@oxfordschools.org ann.weeden@oxfordschools.org

MAIL: Oxford Community Schools, ATT: Transportation Dept, 10 N. Washington St, Oxford, Michigan 48371

DROP OFF FORM: Oxford Community Schools, Transportation Department, 1500 Lakeville Road, Oxford, Michigan 48371