

Transportation Department

6370 Cox Lane

Lesage, WV 25537

Telephone (304)733-3015 Fax (304)733-3030

OUT OF DISTRICT TRANSPORTATION REQUEST

_____ *Date*

I am requesting permission for my son/daughter, _____
to ride bus # _____ (Circle One) to / from _____ school. We live
in the _____ school district; however, a
transfer has been approved by the attendance director.

I agree to (Circle One) bring / pickup him/her to _____
to board the bus and pick them up from the same location in the evening.

I understand that this arrangement may be discontinued at any time for the following
reasons:

- 3/4 Bus becomes overcrowded
- 3/4 Student becomes or creates a discipline problem.
- 3/4 I fail to meet the bus when it arrives in the morning or evening.

Parent: _____

Address: _____

Phone Number: Home _____

Work _____

_____ *Parent Signature*

_____ Approved _____
Transportation Director *Date*