

# OES School Bus Application

Student(s) Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Student's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent E-mail # 1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent E-mail # 2 \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

- Please check**                **I wish to apply for bus service.**  
**all that apply:**            ***Morning only***  
                                      ***Afternoon only***  
                                      ***Morning and Afternoon (Round Trip)***  
                                      **I am interested using a centrally located group bus stop.**  
                                      **I would like more information about bus service. Please call me!**

**Requested bus pickup location (if other than home):** \_\_\_\_\_

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*Notes: We construct our routes based on ridership density, and it is possible that some areas cannot be served.*  
**PLEASE RETURN THIS FORM BY AUGUST 24th TO MAKE FIRST DAY SERVICE POSSIBLE.**