

SCHOOL OF CHOICE (RURAL) / CROSS BOUNDARY APPLICATION

Both sides of the form are to be completed by Parent/Guardian at time of application.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student's Civic (**Blue Sign**) Address: _____

Student's Mailing Address: _____

Designated Attendance Area School: _____

Parent/Guardian Name (print): _____

Parent/Guardian Cell #: _____ Email: _____

School of Choice: _____

Reason for request: _____

COMPLETE PAGE 2 before submitting to the School of Choice Principal.

To be completed by Principal of School of Choice School

Recommendation: Approved Denied

Principal Name (Print): _____ Principal (Signature): _____

To be completed by Secretary-Treasurer

Approved Denied

Secretary-Treasurer (Print): _____ Secretary-Treasurer (Signature): _____

Application will be forwarded to the Transportation Department **AFTER** the School of Choice Application has been approved.

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(continued)

APPROVAL CRITERIA FOR TRANSPORTATION TO A SCHOOL OF CHOICE

By initialing & signing below I, _____, acknowledge that approval for school bus transportation, if granted, to a "School of Choice" is subject to the following criteria:

Parent/Guardian Must Initial by each statement below:

_____ School of Choice Application has been submitted.

_____ I understand that applications will not be processed until after all eligible rider applications have been finalized. It is important to note that busing may not be in place by the first day of school.

_____ I accept full responsibility, at no cost to the board, for transporting my student to/from a designated stop already along the route which is determined by the Transportation Department.

_____ I agree to pay the cross-boundary fee, if one is applicable.

_____ I acknowledge that bus routes are adjusted to serve eligible students from within the attendance area and that the location to meet the bus, and/or the availability of seat room may change at any time during the school year, even if the student was initially approved.

_____ I acknowledge that this permission may be revoked at any time during the school year and that it does not, in any way, imply approval beyond the current school year. I understand that if I wish to request a similar busing arrangement for the next school year, that I will need to repeat this process again.

Parent/Guardian Signature: _____ Date (M/D/Y): _____
