

BEAUFORT COUNTY SCHOOLS

Pre K/Kindergarten

Transportation Request

Child's Name: _____
Last Name First Name Middle Initial

School: _____ ☐ Pre K ☐ K

MORNINGS: (Choose ONE)

_____ **NO.** My child **DOES NOT** require school bus transportation in the morning.

_____ **YES.** My child **DOES** require school bus transportation in the morning FROM HOME.

HOME ADDRESS: _____
(Must have COMPLETE 911 address – Include house number and street name)

_____ **YES.** My child **DOES** require school bus transportation in the morning FROM A DIFFERENT ADDRESS OTHER THAN HOME.

OTHER ADDRESS: _____
(Must have COMPLETE 911 address – Include house number and street name)

AFTERNOON: (Choose ONE)

_____ **NO.** My child **DOES NOT** require school bus transportation in the afternoon.

_____ **YES.** My child **DOES** require school bus transportation in the afternoon TO HOME.

HOME ADDRESS: _____
(Must have COMPLETE 911 address – Include house number and street name)

_____ **YES.** My child **DOES** require school bus transportation in the AFTERNOON TO A DIFFERENT ADDRESS OTHER THAN HOME.

OTHER ADDRESS: _____
(Must have COMPLETE 911 address – Include house number and street name)

ALL STUDENT DATA PROVIDED ABOVE MUST BE COMPLETE INCLUDING 911 ADDRESS INFORMATION IN ORDER FOR YOUR CHILD TO BE ASSIGNED SCHOOL BUS TRANSPORTATION.