

LEVELING BUS REQUEST

To be completed by student's home school.

Before requesting a leveling bus, please verify that the parents/ guardians would like busing.

Student(s) Name _____ Grade _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____ E-Mail _____

Students Home School: _____

School student will be leveled to: _____ Request Start Date: _____

Comments: _____

Home School Principal _____ Date _____

Once scheduled, Beach Transportation will contact the parent/guardian and both schools with busing information and a start day for transportation.

As a reminder, parents are encouraged to provide adult supervision during a child's walk to and from and while waiting at the assigned pick up / drop off location.

DO NOT WRITE BELOW THIS LINE

MCPS Decision:

Approved Date _____

Not Approved Date _____

Comments: _____

Beach Transportation:

Parent/ Schools notification Date _____ Transportation Start Date _____

A.M. Bus # _____ Pick up Time: _____ Pick up Location _____

P.M. Bus# _____ Drop off Time: _____ Drop off Location _____

Comments: _____

E-Mail or Fax form to:

Mr. Terry Phelan

Risk, Facilities & Transportation Manager

Missoula County Public Schools

915 South Avenue West, Missoula, MT 59801

tphelan@mcps.k12.mt.us

406-549-0449 (Fax)