



2018-19 School Year

(Form must be submitted yearly – Student must **NOT** ride until approved)

Space Available Transportation Form

WCSD Transportation Department

855 East Brigham Road 84790

Phone 435-652-4721

Fax 435-652-4710

Date: _____

Student Name: _____

Student's Legal Residence Address: _____ Zip: _____
Must match home address on record at attending school

Student Grade: _____ School Student Attends: _____

Requested Location Address: _____ Zip: _____
Must give an address

Reason for request: _____

Requesting ridership for AM PM NOON mark all that apply

Approval will not be granted if the stop requested is deemed unsafe for the student.

No requests will be granted for less than 5 days a week. One time per day only (AM, PM, NOON) is acceptable.

Requests received for alternate custody will be granted with verification. Please submit this information in person at the time of request or your request will be denied.

Emergency passes can be issued by the principal at each school, if there is space on the requested bus. However, piano, dance, sports, birthdays, scouting, etc., are not considered allowable emergencies.

I understand that my student is not eligible for the requested bus. I also understand that if an eligible student moves into the area, my student may be required to give up his/her seat. If more requests are received than space is available, the Transportation Office will prioritize the requests in the order that they were received. All students riding the bus must obey the bus rules in order to maintain their place on the bus.

Parent/Guardian Name: _____ Phone: _____
Please Print

Parent/Guardian Signature: _____ Date: _____

The Transportation Department's goal is to accommodate as many students as can be safely transported. We do, however, have to evaluate our eligible rider counts before the remaining space on each bus can be filled. Please allow a minimum of two weeks to process. During the first of the school year this can take a month or longer. Your patience is greatly appreciated. When we have finished processing your request we will send a copy to the school and the students' home address.

Office Use Only

Date Received _____	<input type="checkbox"/> Denied/Date _____	Reason _____
<input type="checkbox"/> Approved/Date _____	Bus # _____	Bus # _____
Stop _____		
Bus stop time _____	AM _____	PM _____ NOON _____