



2020-2021 School Year

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

Dual busing/Joint Custody 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's Secondary

Residence Address: _____ Zip: _____

Student Grade: _____ School Student Attends: _____

Requested Location Address: _____ Zip: _____

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

Please submit joint custody court papers showing Student's Name, Guardians Name, and custody arrangement. We only need the pages that have the requested information.

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 _____