

2023-2024 School Year

Dual Busing/Joint Custody Form

Both parents/guardians must live in the same school boundary to be eligible

WCSD Transportation Department

855 East Brigham Road 84790

Phone 435-652-4721 Fax 435-652-4710

Date: _____

Student Name: _____

Student Grade: _____ School: _____

Student's Primary

Residence Address: _____ Zip: _____

(Must match address on record of attending student)

Student's Secondary

Residence Address: _____ Zip: _____

Both Parents/Guardians must sign

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Phone: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Phone: _____

Form must be resubmitted if there is a change in custody status, attending school or either address

Student must NOT ride until approved

When we have finished processing your request, we will send a copy to the school and the student's home address.

Date Received: _____

☐ Denied Date: _____

Reason: _____

☐ Approved Date: _____ Bus # _____ Bus # _____

Stop: _____

Bus Stop Time: _____ AM _____ Noon _____ PM