

# 2026-2027 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