



DILLARD ACADEMY
TRANSPORTATION REQUEST FORM

School Year: _____

STUDENT NAME: _____ GRADE: _____

PLEASE CHECK BELOW ONE (1) FOR BOTH MORNING AND AFTERNOON TRANSPORTATION:

Morning: Car Rider _____ Bus Rider _____ Daycare _____

Afternoon: Car Rider _____ Bus Rider _____ Daycare _____

RESIDENTIAL ADDRESS:

_____ House # _____ Street Name _____ Apt # _____

_____ City _____ NC _____ Zip _____

_____ Home Phone # _____ Cell Phone # _____

Is the Morning and Afternoon Address the Same as Listed Above? Yes _____ No _____

If not, please list the different address below:

AM: _____

PM: _____

Note:

Transportation is provided to each student whose feeder school is McMichael High School. Parents will provide transportation for all others.

To request bus transportation or a change in transportation, the parent or legal guardian must complete this transportation request form. It takes approximately 3 to 5 days for transportation to be processed.

Transportation change requests will NOT be accepted by phone.

(For Staff Use Only): Bus #: _____ (AM) Bus #: _____ (PM)

Grade: _____ Teacher: _____