

DALLAS SCHOOL DISTRICT
Dallas, Pennsylvania

BUS SURVEY FORM

DALLAS SCHOOL DISTRICT STUDENTS ATTENDING

(Name of school student is attending 2011-2012)

STUDENT'S NAME: _____
(please print)

GENDER: _____ DATE OF BIRTH: _____ GRADE (2012-2013): _____

PARENT(S) NAMES: _____

ADDRESS: _____
(NO P.O. Boxes or RR's)

TELEPHONE: _____

EMERGENCY TELEPHONE: _____

Are you using/ or will you be using **DAILY** Dallas School District bus transportation for the 2011-2012 school year?

AM: Yes No
PM Yes No

Current pick-up location: _____

Current drop-off location: _____

Parent/Guardian completing the request: _____
(Please print)

Signature: _____ Date: _____

Thank you for your cooperation.

* Please return this form to your school office **before Friday, June 1, 2012**

**IF YOU FAIL TO PROVIDE THIS INFORMATION,
YOU WILL NOT BE AUTHORIZED TO RIDE DALLAS SCHOOL DISTRICT BUSES/VANS.**