

# ESP BUS TRANSPORTATION

## REQUEST FORM

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **INITIAL** beside one of the following options:

\_\_\_\_\_ My child will ride the bus and attend ESP on a daily basis. I will give the school and/or ESP advanced notice (by 2:00 pm daily) if my child will not be attending each day. I understand that if my child is transported on the bus to ESP, I will be charged for services.

\_\_\_\_\_ My child will ride the bus and attend ESP on the following days each week (circle the days): M T W TH F. I will give the school and/or ESP advanced notice (by 2:00 pm daily) if my child will be deviating from this schedule. I understand that if my child is transported on the bus to ESP, I will be charged for services.

\_\_\_\_\_ My child will ride the bus and attend ESP on an unscheduled basis. I will give the school and/or ESP advanced notice (by 2:00 pm daily) when my child will be attending. I understand that if my child is transported on the bus to ESP, I will be charged for services.

