 Form JBCD-9

**REQUEST FOR CHILDREN OF EMPLOYEE TRANSPORTATION**

**A new Form JBCD-9 must be submitted each school year. One form per student.**

**FOR TRANSPORTATION OFFICE**

**USE ONLY**

Date Rec’d:

Rec’d by (initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus # assigned:

Bus Stop location/address or intersection:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | School Year Request is for: 20 | |  | -20 |  |
|  | | | | | | | | | | | |
| School Student Attends: | | | | |  | | | | | | |
|  | | | | | (School the student needs transportation to) | | | | | | |
| Zoned School: | |  | | | | | | | | | |
|  | | (Home School) | | | | | | | | | |
| Is Student on Transfer? | | | | | Yes  No | | | | | | |
|  | | | | | | | | | | | |
| Employee’s Employment Site: | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| Employee’s Position: | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Bus Stop Location Requested: | | | | | |  | | | | | |
|  | | | | (Please list intersection or address of bus stop location you are requesting) | | | | | | | |
| Is the request for transportation for: | | | | | | | | A.M.  P.M.  Both | | | |
|  | | | | | | | |  | | | |
| Is the request for: | | | Regular Ed Transportation  Special Needs Transportation | | | | | | | | |

**STUDENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student Last Name |  | Student First Name |  | Student Middle Name |
|  | | | | |
|  |  |  |  |  |
| Student Date of Birth |  | Student Grade Level |  | Student CCSD ID# |

**EMPLOYEE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |  |  | | | | |
| Parent/Guardian Last Name | | |  | Parent/Guardian First Name | | |  | Parent/Guardian Middle Initial | | | | |
|  | | | | | | | | | | | | |
|  | | | | |  |  | | |  |  |  |  |
| Street Address | | | | |  | City | | |  | State |  | Zip |
|  | | | | | | | | | | | | |
|  |  |  | | | | |  |  | | | | |
| Phone Number |  | CCSD Email | | | | |  | Relationship to Student | | | | |

***CCSD employees should refer to District Administrative Rule JBCD-R for questions regarding guidelines for transportation for Child(ren) of Employee transfers.***

Parent/Guardian (Employee) Signature Date

Return **original** form to CCSD Transportation Department via county mail or U.S. Post Office Mail.

Attention: Director of Transportation

620 South Cobb Drive

Marietta, GA 30060