

## REQUEST FOR CHILDREN OF EMPLOYEE TRANSPORTATION

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

Date: \_\_\_\_\_ School Year Request is for: 20 \_\_\_\_ -20 \_\_\_\_

School Student Attends: \_\_\_\_\_  
(School the student needs transportation to)

Zoned School: \_\_\_\_\_

Is Student on Transfer?  Yes  No  
(Home School)

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

**FOR TRANSPORTATION OFFICE  
USE ONLY**

Date Rec'd: \_\_\_\_\_

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

Bus # assigned: \_\_\_\_\_

Bus Stop location/address or intersection:  
\_\_\_\_\_  
\_\_\_\_\_

### 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 completed form to CCSD Transportation Department at  
[Transfer.Transportation@cobbk12.org](mailto:Transfer.Transportation@cobbk12.org).**