Transfer Student Transportation Application

If transportation is needed for the 2024-2025 Academic School Year, this application will need to be filled out and submitted for approval. If approval is not granted for transportation, Parents/Guardians will assume responsibility for transporting their students to and from school. Parents/Guardians will be notified when a decision has been made. Please fill out the following information:

Student(s) Name:		
Parent/Guardian Name:	Phone:	
Street Address:	City:	
State:	Zip Code:	
Address the student(s) will be transp	orted to:	
Is the student(s) a returning transfer? Did the student(s) receive transporta No If, yes, please provide the a	? Yes No tion from Eustace ISD the p	revious school year? Yes
Please provide any additional information	ation:	
Transportation Guidelines:		
 The Transportation Director wi In order to ensure student safe ridership if room is available or Students must adhere to bus rebe revoked at the director of transportation 	ety and on time arrival, tran in the route to the designate ules. If discipline becomes a	sfer students will be allowed ed area.
I have read and understand the rul	es and regulations of the	Transportation Guidelines.
Signature Parent/Guardian	Date	
Signature for Approval (Principal)	 Date	
Signature for Approval (Transportation Dire	 ector) 	Date

Date

Signature for Approval (Administration)