



Walton County School District Transportation Service Request Form

The purpose of your request is:	<input type="checkbox"/> Unsafe Stop	Return to: Walton County School District Transportation Department 735 Walton Rd DeFuniak Springs, FL 32433 or E-mail to bakerb@walton.k12.fl.us
	<input type="checkbox"/> No Stop	
	<input type="checkbox"/> New Student	
	<input type="checkbox"/> Address Change	
	<input type="checkbox"/> Stop Change	
	<input type="checkbox"/> Other: _____	

Return to: Principal of School for which transportation service is requested***

Confirmation of Enrollment: _____

Signature of Principal _____ Date _____

School Name: _____

Name of Parent/Guardian: _____ Date Completed by Parent: _____

Address: _____ Home Telephone: _____

_____ Business Telephone: _____

Student(s) Involved: _____ Age: _____ Grade: _____ Bus Number/Name: _____

_____ Present Bus Stop: _____

_____ Proposed Bus Stop: _____

(additional students, please list below with same information)

Reason for Request

****PLEASE ALLOW 10 BUSINESS DAYS FROM RECEIPT OF THIS FORM BY THE TRANSPORTATION DEPARTMENT FOR A RESPONSE****

Transportation Use Only

Date Reviewed _____ Student Count _____

Request Approved _____ Effective Start Date _____

Bus Stop Location _____

Request Denied _____ Reason(s) for Denial _____

Signature of Authorized Transportation Representative: _____