Hartland Schools Transportation Department 9525 E. Highland Road, Howell, MI 48843 Office 810 –626-2175 • Email transportation@hartlandschools.us

## **BUS ASSIGNMENT FORM - SCHOOL OF CHOICE** 2025/2026

Student's Name		Date
SchoolGrade		
Mother's Name	ame Father's Name	
Home Address		
Home Phone #	Mother's WorkPhone #	Father's WorkPhone #
	Cell Phone #	Cell Phone #
**Note** Requests at for space availability is cancel this bus stop app be able to offer other op A <u>new form</u> must be conserned and <u>December</u>	s given to in-district students living i proval if space becomes limited. Sho otions. Changes to this arrangement m	n the route area of the bus. It may become necessary to buld this be necessary, the transportation department may must be submitted for approval at least 48 hours in advance. ransportation office by <u>June 15th</u> if enrolling for the <u>first</u> nester.
Effective Date:		
I give pern	nission to release my student from	the bus without a parent/designee present.
	YES/NO (c	ircle one)
	Parent Signature _	
Transportation Day	ment Hae "ONI V"	Process Deta
Transportation Department	Helli USC ONL I	Process Date
Driver	Bus # I	Driver Routed School File