## WCPSS - Joint Custody Dual Bus Stop Request Form 2018 - 2019 Form for Internal School Use Only

To be completed upon school administration approval.

			· ·	School Name			
Student's Last Name	Student's	First Name		Students WCPSS IE	) Number	Student's Grade	
y that the information be	low is correct:			• • • • • • • • • • • • • • • • • • • •			
I have verified that th		ı					
I have verified both p	-	,					
I have verified that th		and structures in r	place to support	a dual bus/dual bus	stop		
I have verified that no							
School Official			Position			Date	
						to alternate stop request capacity on the bus for the	
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I understand that if a	pproved, the sched	lule cannot be cha	nged for the rem	ainder of the year, u		er changes the terms of	
custody. I must be p						e needed.	
I understand that I w					timely manner.		
I understand that the I understand that I m							
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Parent/Guardian Sign	ature	Date	Parent Cell	Phone Number	Paren	t E-mail Address	
Parent/Guardian Add	ress						
Schedule:							
Monday	Tuesday	\	Vednesday	The	ursday	Friday	
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पर कॉल करें

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