SCHOOL BUS TRANSPORTATION REQUEST FORM

Bus rostering is granted based on your distance from the school exceeding 1.4 miles. Exceptions for students that reside closer to the school are granted on determination of need, on a first-come, first-serve basis, when seats are available. Parent/guardian will be notified by the school of attendance of approval or denial of request. Should ridership exceed bus capacity due to an increase in the number of eligible students, parent/guardian shall be notified and the exception rescinded. All granted exceptions are terminated at the close of the school year.

STUDENT: LAST: Diaz
FIRST: Arianna

DATE OF REQUEST: SCHOOL YEAR: 2025-2026__9/26/2025___ GRADE: 10th

SCHOOL OF ATTENDANCE: Founders Academy
REQUESTING BUS FOR AM and PM: both

STUDENT'S RESIDENT ADDRESS: 298 Prospect St Manchester NH 03104

PARENT/GUARDIAN MAKING REQUEST: Maria A Lopez

PARENT/GUARDIAN PHONE #: 978-893-8032

EMERGENCY CONTACT (This contact must be listed in ASPEN) : Franck Lamour

EMERGENCY CONTACT PHONE 303-513-0510

PLEASE INDICATE THE REASON FOR THE REQUEST AND ANY ADDITIONAL INFORMATION BELOW.

I am requesting the bus transportation because I am living at an address which may be 1.4miles or over away from my school. ____ML_____

I need a bus for my kids_____i dont drive_____no_____

PARENT/LEGAL Signature: Maria A Lopez DATE: 9/26/2025

REVIEWED AND APPROVED BY:
SCHOOL ADMINISTRATOR:_____ DATE: _____
The School Administrator must approve the request and forward it to the Transportation Director, kobrienhebert@mansd.org, Approval for exceptions is granted based solely on space and access to the bus as it is currently routed.Date: 2/27/25 Revised: 2/19/25