



Springfield Platteview Community Schools
BUS REQUEST FORM

Student Transportation of America
10201 Sapp Brothers Dr.
Omaha, NE 68138
402-884-4025

Assistant Manager: Howard Hodson

Please return this form by August 6, 2021, if utilizing this bus service. IF you are not using the bus service, you may disregard this form. A bus service request form MUST be on file in order for your child to be eligible for bus service. When completed, please return this form to the address above OR your child's school.

Will your child ride the bus TO SCHOOL: YES NO

Will your child ride the bus home FROM SCHOOL: YES NO

Did you use STA bus service last year: YES NO

IF your child rode the bus last year, what route were they on? _____

| Student's Name (one form per family) | School | Grade |
|--------------------------------------|--------|-------|
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| | | |
| | | |

Parents or Guardians _____

Address _____ City _____

Cell Phone #1 _____ Cell Phone #2 _____

Please specify directions to your location OR if this is a group pick up at one of the elementary schools:

