

**HOPKINS PUBLIC SCHOOLS**  
**St. Stanislaus**  
**Bussing / Transportation Request Form**

Name of Students	Grade

Address: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Day / Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like your children dropped off at an alternative site?     Yes     No

Where? \_\_\_\_\_

Purpose? \_\_\_\_\_

When? \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Please mail this completed form to: Hopkins Public School  
Transportation Department  
2747 22<sup>nd</sup> Street  
Hopkins, MI 49328

**DO NOT RETURN TO ST. STANISLAUS SCHOOL**