

OAKDALE JOINT UNIFIED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
TELEPHONE 209-847-7003 FAX 209-847-3539

DATE: _____

STUDENT NAME: _____ GRADE _____

ADDRESS: _____ HOME PHONE _____

NEAREST CROSS STREET _____

PARENT/GUARDIAN: _____ WORK PHONE _____

A.M. KINDERGARTEN _____ P.M. KINDERGARTEN _____

THIS STUDENT ATTENDS THE FOLLOWING SCHOOL:
(PLEASE CHECK SCHOOL STUDENT ATTENDS)

_____ CLOVERLAND _____ FAIR OAKS _____ MAGNOLIA
_____ SIERRA VIEW _____ O.J.H.S. _____ O.H.S.
_____ STAN.TECH _____ 6TH. _____ 7TH.

**PLEASE FILL OUT THIS FORM IF YOU WANT A BUS RIDE AND SUBMIT IT TO YOUR
SCHOOLS FRONT OFFICE.**

(FOR TRANSPORTATION OFFICE USE ONLY)

This student will ride route number: _____ Pick up time: _____ A.M.

Morning bus stop location: _____

This student will ride route number: _____ Drop off time: _____ P.M.

Afternoon bus stop location: _____

Parent Contacted _____ Parent Not Contacted _____ Left Message On Machine _____

Who Called the Parents or Left a Message _____

Approved _____ Date _____ Escort _____

Denied _____

Non-Escort _____