



## BUS TRANSPORTATION REQUEST

If you will NOT be driving yourself to classes at the LCB Academy, please complete and return this bus transportation request.

1. Name of student \_\_\_\_\_
2. CPSB ID# \_\_\_\_\_
3. Name of high school currently attending \_\_\_\_\_
4. 911 Home street address \_\_\_\_\_
  - a. City \_\_\_\_\_
  - b. Zip Code \_\_\_\_\_
5. Name of Academy course(s) student will be taking:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
6. Day(s) of week Academy course meets (circle day course meets)
  - a. Course A      M      Tu      W      Th      Fr
  - b. Course B      M      Tu      W      Th      Fr
  - c. Course C      M      Tu      W      Th      Fr
7. Semester that Academy course will be taken (circle correct semester)
  - a. Summer 2009 (mail this request to the LCB Academy)
  - b. Fall 2009
  - c. Spring 2010
  - d. Summer 2010 (mail this request to the LCB Academy)
8. Name of Parent/Legal Guardian \_\_\_\_\_
9. Phone contact for Parent/Legal Guardian \_\_\_\_\_
  - a. Alternate phone number \_\_\_\_\_
10. Emergency contact when parent/legal guardian cannot be reached
  - a. Name \_\_\_\_\_
  - b. Relationship to student \_\_\_\_\_
  - c. Home phone \_\_\_\_\_
  - d. Work or cell phone \_\_\_\_\_

**For Fall 2009 and Spring 2009, return bus transportation request with your schedule request to your Counselor**

**FAX TRANSPORTATION REQUEST AND SCHEDULE REQUEST TO  
THE LCB ACADEMY @ 217-4391**