

# DUAL RIDERSHIP FORM

Long Term (one week or longer) Use Only

To request your child to be picked up and/or dropped off at a location other than their home of residence, please complete Section I and Section II of this form. Please allow three (3) business days for processing. Once approved, the Transportation Office will notify you and the school. To expedite the process, e-mail the completed form to; [tdirector@gc.k12.va.us](mailto:tdirector@gc.k12.va.us). Astrisk items below require completion. Transportation will assign the Bus, Bus stop and approximate time.

**Forms received after mid August may not be processed for the beginning of the school year**

## SECTION I

\*\* Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* 911 Address (residence): \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\*\* Student Name: \_\_\_\_\_ \*\* Grade: \_\_\_\_\_ \*\* School: \_\_\_\_\_  
 (Legal Name) Last, First, Middle

## SECTION II

\*\* Beginning Date: \_\_\_\_\_ \*\* Ending Date: \_\_\_\_\_

Check applicable box

	A.M.	P.M.
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_ \*\* A.M. Pick-up Alternate 911 Address

\_\_\_\_\_ \*\* P.M. Drop Off Alternate 911 Address

\_\_\_\_\_ \*\* Parent or Guardian Signature

## This Section for Transportation Use Only SECTION III

Assigned Bus: 

A.M.	P.M.
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A.M. Stop Location: \_\_\_\_\_  
 P.M. Stop Location: \_\_\_\_\_

A.M. Approximate Stop Time: \_\_\_\_\_  
 P.M. Approximate Stop Time: \_\_\_\_\_

Notified Parent or Guardian:

E-Mail  
 Telephone  
 Letter

Date Informed Driver (s): \_\_\_\_\_