



SOLEDAD UNIFIED SCHOOL DISTRICT
TRANSPORTATION
335 Market St, Soledad CA
(831) 678- 2469

Student Name: _____ D.O.B _____

Address: _____ Apt # _____

City: _____ Zip Code: _____ Student I.D # _____

Grade: _____ School Student Attends: _____

Parent/ Guardian Name: _____ Phone # _____

Language Spoken: _____

Please be aware that by filling out this form your student is not guaranteed transportation. We will go over the form and use the student's home address to determine if the student qualifies for transportation.

Parent Name: _____ Signature _____ Date _____

OFFICE USE ONLY

Bus Stop	Days of attendance

Transportation request form 2021-2022 School year