



Andrew G. Houlihan, Ed.D. – Superintendent

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Department Name

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.9182
www.ucps.k12.nc.us

Transportation Department NEW BUS RIDER INFORMATION FORM

School Year: _____ Date: _____ School: _____

Student Name: _____ Grade: _____

Parent(s) Name: _____

Primary Phone Number: _____

Home Address: _____

Transportation Needs: AM only _____ PM only _____ or Both _____
Daily Bus Rider _____ Occasional Bus Rider _____

* Please keep in mind, it is the policy of Union County Public Schools Transportation that if your child does not ride 10 consecutive days, he/she will be removed from the bus roster, requiring you to reapply to ride the bus should you choose for your child to do so in the future.

Only fill out if an ALTERNATE ADDRESS is needed:

Please record the address in which the student will be picked up and/or dropped off, IF different from the HOME address stated above.

Morning Stop Address: _____

Name/Relationship to Student: _____

Afternoon Stop Address: _____

Name/Relationship to Student: _____

Growing Possibilities.