

**MILFORD PUBLIC SCHOOL  
APPLICATION FOR NON-ELIGIBLE RESIDENT STUDENTS  
REGARDING BUS TRANSPORTATION**

**A separate form must be completed for students on different buses and in different schools.  
All decisions are made in accordance with Board of Education Policy P-3541 and Procedure TRN P005.**

**This Application will not be accepted in the Transportation Office prior to  
the date that the bus schedules and routes are published.**

**All approved applications are valid until the end of the school year, unless there are no longer seats  
available, every effort will be made to give advance notice of cancellation of this privilege.**

**Applications must be submitted yearly.**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**TO BE COMPLETED BY TRANSPORTATION COORDINATOR**

Age of Student: \_\_\_\_\_ Walking Distance: \_\_\_\_\_

Seating Space Available: \_\_\_\_\_

**Approved**       **Denied**

**OFFICIAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

Bus #: \_\_\_\_\_ Stop Location: \_\_\_\_\_

A.M. Estimated Pickup Time: \_\_\_\_\_ P.M. Estimated Drop-off Time: \_\_\_\_\_