## **Venture High School Request for Transportation**

Student Name (Last, First)	Grade	ID	Home Campus
Address	City	<del></del>	Zip Code
Student Cell Phone #	Date		
Please be advised if the address listed home campus, then all morning pick-	<del>-</del>	-	
Parent Name (Last, First)		Parent Telephone	<del>)</del>
Parent email address			<u>-</u>
	ill be completed by a schoo ned to the email address list		d STOP
The above student has been assigned regarding this privilege is published is and policies may result in loss of trans	n the AISD Student Code o	_	_
Call Transportation for spe The student must have a stud	ecific pickup arrival time		
Morning Pick-up and Transfer Info	o:		
Student resides over 2 miles 1	from home campus		
The student will board Bus #	from		
Student will transfer to the V	HS Shuttle Bus #	locate at t	heir home campus
☐ Student is within walking dis	tance of home campus		
Student will board Bus #	at	AM, goin	g to Venture
Afternoon Departure from Venture	) <b>:</b>		
Student resides over 2 miles	from home campus		
The student will board Bus #	to		
Student is within walking dis	tance of home campus		