



# Colleton County School District

Transportation Department  
1379 Tuskegee Airmen Drive  
Walterboro, SC 29488

*"A Ride to an Education Begins on a Bus"*

Gary Bradley, Director of Transportation  
[gbradley@colleton.k12.sc.us](mailto:gbradley@colleton.k12.sc.us)

Karim Johnson, Routing Supervisor  
[kjohnson@colleton.k12.sc.us](mailto:kjohnson@colleton.k12.sc.us)

Kerry Mayo, Safety Supervisor  
[kmayo@colleton.k12.sc.us](mailto:kmayo@colleton.k12.sc.us)

Phone : ( 843)782-0036 \*Fax:( 843) 782-0016

## TRANSPORTATION REQUEST FORM

McKinney-Vento

Temporary/Emergency

**Date(s) to Ride:** [Click here to enter text.](#)

**Student Name:** [Click here to enter text.](#) **Grade:** [Click here to enter text.](#) **Student ID:** [Click or tap here to enter text.](#)

**Street Address:** [Click here to enter text.](#)

**City:** [Click here to enter text.](#)

**Zip Code:** [Click here to enter text.](#)

**Parent Name:** [Click here to enter text.](#)

**Phone Number:** [Click here to enter text.](#)

**School Official:** [Click here to enter text.](#)

**School:** [Choose an item.](#)

**Please allow a minimum of two (2) school days for a transportation request to be completed.**

.....  
**Transportation Office Use Only**

**Driver Name:** [Click here to enter text.](#)

**Route #:** [Click here to enter text.](#)

**Bus Stop Location:** [Click or tap here to enter text.](#)

**Estimated Pick-up Time:** [Click here to enter text.](#) **Estimated Drop-off Time:** [Click here to enter text.](#)

**Authorized By:** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)

**Authorized Date to Start:** [Click here to enter a date.](#)



**Colleton County Schools  
Office of Student Transportation  
Teacher Transload Bus Request**



Date of Request: \_\_\_\_\_

**ONE FORM PER STUDENT**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I understand that approval of this request is predicated on the availability of space on the school bus at the time of the request. I acknowledge that this service may be terminated by the Office of Student Transportation at any time.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Principal/Department Head Signature)

\_\_\_\_\_  
(Date)

**AM** (Check One)

- Black Street Early Childhood Center to Northside Elementary
- Black Street Early Childhood Center to Forest Hills Elementary
- Black Street Early Childhood Center to Colleton County Middle
- Black Street Early Childhood Center to Colleton County High
- Bells Elementary to Colleton County Middle
- Bells Elementary to Colleton County High
- Cottageville Elementary to Colleton County Middle
- Cottageville Elementary to Colleton County High
- Forest Hill Elementary to Black Street Early Childhood Center
- Forest Hill Elementary to Colleton County Middle
- Forest Hill Elementary to Colleton County High
- Hendersonville Elementary to Colleton County Middle
- Hendersonville Elementary to Colleton County High
- Northside Elementary to Black Street Early Childhood Center
- Northside Elementary to Colleton County Middle
- Northside Elementary to Colleton County High
- Colleton County Middle to Colleton County High
- Colleton County High to Colleton County Middle

**PM** (Check One)

- Black Street Early Childhood Center to Forest Hills Elementary
- Black Street Early Childhood Center to Northside Elementary
- Black Street Early Childhood Center to Colleton County Middle
- Black Street Early Childhood Center to Colleton County High
- Forest Hills Elementary to Colleton County Middle
- Forest Hills Elementary to Colleton County High
- Northside Elementary to Colleton County Middle
- Northside Elementary to Colleton County High
- Colleton County Middle to Colleton County High
- Colleton County Middle to Bells Elementary
- Colleton County High to Bells Elementary
- Colleton County Middle to Cottageville Elementary
- Colleton County High to Cottageville Elementary
- Colleton County Middle to Forest Hill Elementary
- Colleton County High to Forest Hill Elementary
- Colleton County Middle to Hendersonville Elementary
- Colleton County High to Hendersonville Elementary
- Colleton County Middle to Northside Elementary
- Colleton County High to Northside Elementary

Office of Student Transportation Use Only

Completed By: \_\_\_\_\_

Date Entered into Versatrans: \_\_\_\_\_



**Colleton County Schools  
Office of Student Transportation  
Teacher Transload Bus Request**



**Date of Request:** \_\_\_\_\_

**ONE FORM PER STUDENT**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

I understand that approval of this request is predicated on the availability of space on the school bus at the time of the request. I acknowledge that this service may be terminated by the Office of Student Transportation at any time.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Principal/Department Head Signature)

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(Date)

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- Colleton County High to Forest Hill Elementary
- Colleton County Middle to Hendersonville Elementary
- Colleton County High to Hendersonville Elementary
- Colleton County Middle to Northside Elementary
- Colleton County High to Northside Elementary

**Office of Student Transportation Use Only**

**Completed By:** \_\_\_\_\_

**Date Entered into Versatrans:** \_\_\_\_\_



Colleton County Schools
Student Transportation Department
Alternate Bus Stop Request Form



School Use Only (One Form Per Student)

- Checkboxes for: New Request, Change in Pick-Up Location, Change in Drop-Off Location, Court Ordered, Different Stop (same bus)

Student ID: Click here to enter text. Grade: Click here to enter text.
Student Name: Click here to enter text.
911 Street Address: Click here to enter text. Zip Code: Click here to enter text.
City: Click here to enter text. School: Choose an item.
Completed By: Click here to enter text.
Date Entered into PowerSchool: Click here to enter a date.

Parent/Guardian's Use Only

Parent/Guardian's Name: Phone Number:

South Carolina Statue 56-5-196 allows parents or legal guardians of a student who is eligible to receive public school bus transportation to have the option of designating a child's Day Care Center or other Before or After School Program as the students' origin or destination point.

This statue authorized state transportation funds for eligible students to be taken to and from places other than their designated bus stop. To qualify for this service, the following criteria must be met:

- Bulleted list of criteria: student must be eligible for state funded school bus transportation, student must be enrolled in the designated Day Care or After School Program, origin and/or destination bus stops must be within the student's school attendance zone.

Request by parents/guardians to designate an origin and/or destination location that does not meet the above criteria, may be submitted; however, approval will be granted on a space available basis.

Please allow a minimum of two (2) school days for processing.

Requested Alternate Pick-Up Location (MUST BE DIFFERENT FROM HOME ADDRESS)

Address: City: Bus Stop Location (if known): Zip Code:

Requested Alternate Drop-Off Location (MUST BE DIFFERENT FROM HOME ADDRESS)

Address: City: Bus Stop Location (if known): Zip Code:

It is the responsibility of the parent/guardian to assure safe delivery and receipt of students from bus stops.

(Parent/Guardian's Signature)

(Date)



**Colleton County Schools  
Student Transportation Department  
Bus Stop Appeal Form**



Date of Request: \_\_\_\_\_ School: \_\_\_\_\_

Person Completing Appeal: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Bus Stop (Write N/A if None):** \_\_\_\_\_

**Requested Location of New Bus Stop:** \_\_\_\_\_

If you believe this stop should be added to the approved stop list, please explain your reasoning below. The stop will then be evaluated and you will be notified of the decision. Bus stop appeals received prior to and during the first two weeks of school will not be evaluated until ten (10) school days after school starts.

The requested should be added because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**—FOR OFFICE USE ONLY—**

Appeal evaluated by: \_\_\_\_\_

- Requested bus stop is less than 2/10 mile from an approved bus stop.
- Requested bus stop is less than 600 feet visibility front and rear.
- Requested bus stop is less than 3/10 mile from off of main approved route.
- Requested bus stop is closer than 1.5 mile to the school of attendance.
- Requested bus stop is outside of the school attendance zone.
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ruling:**  The stop will be added.       The stop will not be added.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Colleton County Schools  
Student Transportation Department  
Alternate Bus Stop Request Form



School Use Only (One Form Per Student)

- New Request
- Change in Pick-Up Location
- Change in Drop-Off Location
- Court Ordered (Must submit court order and schedule of custody)
- Different Stop (same bus)

**Student ID:** Click here to enter text.

**Grade:** Click here to enter text.

**Student Name:** Click here to enter text.

**911 Street Address:** Click here to enter text.

**City:** Click here to enter text.

**Zip Code:** Click here to enter text.

**Parent Name:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Completed By:** Click here to enter text.

**School:** Choose an item.

Parent/Guardian's Use Only

South Carolina Statute 56-5-196 allows parents or legal guardians of a student who is eligible to receive public school bus transportation to have the option of designating a child's Day Care Center or other Before or After School Program as the students' origin or destination point.

This statute authorized state transportation funds for eligible students to be taken to and from places other than their designated bus stop. To qualify for this service, the following criteria must be met:

- ▶ The student must be eligible for state funded school bus transportation as defined in the South Carolina Code of Laws, Section 56-67-420 and South Carolina Department of Education Regulation 43-80.
- ▶ The student must be enrolled in the designated Day Care or After School Program.
- ▶ The origin and/or destination bus stops must be within the student's school attendance zone.

Request by parents/guardians to designate an origin and/or destination location that does not meet the above criteria, may be submitted; however, approval will be granted on a space available basis.

Transportation services will **NOT** begin until ten (10) school days after the start of school. Request must be resubmitted at the beginning of each school year. Please allow a minimum of two (2) school days for a transportation request to be processed.

Requested Alternate Pick-Up Location

**Address:** Click here to enter text.

**Bus Stop Location (If known):** Click here to enter text.

**City:** Click here to enter text.

**Zip Code:** Click here to enter text.

Requested Alternate Drop-Off Location

**Address:** Click here to enter text.

**Bus Stop Location (If known):** Click here to enter text.

**City:** Click here to enter text.

**Zip Code:** Click here to enter text.

It is the responsibility of the parent/guardian to assure safe delivery and receipt of students from bus stops.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

Student Transportation Office Use Only

**Completed By:** Click here to enter text.

**Date Entered into Versatrans:** Click here to enter a date.