



# St. Louis Language Immersion School

The Spanish Program: 4011 Papin Street, St. Louis, MO 63110  
The Chinese Program, The French Program: 3740 Marine Avenue, St. Louis, MO 63118  
Main phone: 314.533.0975 / Main fax: 314.533.0974 / [www.sllis.org](http://www.sllis.org)

Student Name (Last, First): \_\_\_\_\_ School Year: \_\_\_\_\_

## Bus Transportation Request Form

**Any student requesting bus transportation services must fill out and submit this form.  
Any incomplete forms will be returned and result in a delay of bus transportation service.  
Completed forms may be dropped off at the school or emailed to: [beth.mertz@sllis.org](mailto:beth.mertz@sllis.org)**

**REQUEST:** \_\_\_\_\_ NEW REQUEST \_\_\_\_\_ CHANGE IN EXISTING BUS ROUTE/STOP

**PROGRAM:** \_\_\_\_\_ CHINESE PROGRAM \_\_\_\_\_ FRENCH PROGRAM \_\_\_\_\_ SPANISH PROGRAM

**GRADE:** \_\_\_\_\_ KINDERGARTEN \_\_\_\_\_ 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_ 4<sup>TH</sup> \_\_\_\_\_ 5<sup>TH</sup> \_\_\_\_\_ 6<sup>TH</sup> \_\_\_\_\_ 7<sup>TH</sup> \_\_\_\_\_ 8<sup>TH</sup>

TODAY'S DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

HOME ADDRESS & ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

## Bus Stop Location Request

**Please list the EXACT address you would like to establish a bus-stop for your student. We will attempt to create a stop that is as close as possible to the address you request.**

**REQUESTED AM STOP ADDRESS:** \_\_\_\_\_

\_\_\_\_ I DO NOT NEED AN AM BUS STOP FOR MY CHILD

**REQUESTED PM STOP ADDRESS:** \_\_\_\_\_

\_\_\_\_ I DO NOT NEED A PM BUS STOP FOR MY CHILD

ANY COMMENTS/NOTES:

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