

School Transportation Service Parental Feedback Form

Parent's Name

Student's Name

Route/Bus Number

Contact Email/Phone

Timeliness of the Transportation

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Driver's Behavior

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Bus Cleanliness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Overall Satisfaction

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Additional Comments or Suggestions