



**Special Transportation Request**

*Complete this form if your student(s) will be picked up or dropped off by the school bus at a location other than your home on a regular basis.*

**PLEASE PRINT**

School \_\_\_\_\_

Today's Date: \_\_\_\_\_

START DATE: \_\_\_\_\_

Name(s) of Student(s) requesting transportation: Bus # \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Name of Childcare provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FIRST THROUGH TWELFTH GRADE ONLY:**

Address for morning pick-up: \_\_\_\_\_

Address for afternoon drop-off: \_\_\_\_\_

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**FOR KINDERGARTEN / PRE-SCHOOL STUDENTS ONLY:**

Address for morning session pick-up: \_\_\_\_\_

Address for morning session drop-off: \_\_\_\_\_

Address for afternoon session pick-up: \_\_\_\_\_

Address for afternoon session drop-off: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

If your child's transportation needs change **you must complete another form and submit it to the school office in a timely manner.** (see transportation guidelines in the handbook) For your child's safety, no changes in transportation or pick-up will be made over the telephone. Changes will be accepted via fax with a photocopy of the parent/guardian's driver's license or state ID card and a written note with the exact address indicated. Please note: This form is valid for this school year only.

Parent/Guardian Signature: \_\_\_\_\_