TRANSPORTATION REQUEST FORM - SCHOOL YEAR 2020-2021
PRINCE GEORGE COUNTY PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT
PLEASE FAX FORM TO: (804) 863-0486

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Section I.
- Prior versions of this form will not be accepted.
- Only one student named per form.
- NO BUSINESS ADDRESS CAN BE REQUESTED! (NO EXCEPTIONS!)
- Beginning November 9, 2020, Transportation Requests must be received in the Transportation Department at least five business days PRIOR TO THE REQUESTED START DATE.
- Receipt of this request by the Transportation Department does NOT guarantee approval, or processing prior to the first day of school.
- Once processed, parents will be notified of approval or denial. Until notified, I understand this request has NOT been processed.
- If approved, the requested arrangements are your child’s PERMANENT ROUTING ASSIGNMENT, and future changes require submission of a new Transportation Request for processing. THIS INCLUDES REVERTING YOUR CHILD BACK AT THEIR HOME STOP.
- Student will need a Bus Pass to ride their “home bus.” Bus Pass requests must be submitted in writing in advance to your child’s school office.
- No bus passes will be issued during the first TEN weeks of school - NO EXCEPTIONS PERMITTED.

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Section II. Date Submitted: ____________________________ **Requested Start Date: ____________________________

➔ STUDENT NAME (only ONE name per form): _________________________________________________________________
HOME ADDRESS: _________________________________________________________________

ADDRESS MUST BE THE SAME AS ADDRESS IN STUDENT’S RECORDS (TRANSPORTATION WILL VERIFY)
School: ____________________________ Grade: ____________________________
Parent/Guardian PRINTED NAME(S): _________________________________________________________________
Cell: ____________________________ Home Phone: ____________________________ Work: ____________________________
Parent Email Address: _________________________________________________________________

➔ AM PICK UP ADDRESS (Complete this section ONLY if different from home address/home stop)
Name & Relationship: ____________________________ Phone: ____________________________
Days requested: Mon Tues Wed Thur Fri ALL (circle)

➔ PM DROP OFF ADDRESS (Complete this section ONLY if different from home address/home stop)
Name & Relationship: ____________________________ Phone: ____________________________
Days appropriate: Mon Tues Wed Thur Fri ALL (circle)

I have read and understand the procedures listed in Section I above, and have completed this form accurately:

Parent/Guardian Signature: _________________________________________________________________ (LEGIBLE SIGNATURE REQUIRED)

FOR TRANSPORTATION DEPARTMENT OFFICE USE ONLY: