TRANSPORTATION REQUEST FORM
SCHOOL YEAR 2019-2020

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 11, 2019, 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 school office.
- No bus passes will be issued during the first TEN weeks of school—NO EXCEPTIONS PERMITTED.

Section II. Date Submitted: ____________________________  **Requested Start Date: ____________________________
  ** Requested Start Date MUST be a minimum of 5 business days from date received in the Transportation Department**

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: