

Prince George County Public Schools Transportation Department
FAX: (804) 863-0486

**TRANSPORTATION REQUEST FORM
SCHOOL YEAR 2018-2019**

**IN ORDER TO PROCESS FOR THE
BEGINNING OF THE
2018-2019 SCHOOL YEAR,
SUBMISSION DEADLINE IS:
AUGUST 3, 2018.**

**REQUESTS RECEIVED ON/AFTER
AUGUST 6, 2018, WILL BE HELD
UNTIL NOVEMBER 12, 2018 -
NO EXCEPTIONS.**

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 12, 2018, 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.

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: