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

TRANSPORTATION REQUEST FORM
SCHOOL YEAR 2019-2020

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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 11, 2019, Transportation Requests must be received in the Transportation Department at least <u>five business days PRIOR TO THE REQUESTED START DATE</u>.**
- **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 <u>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.</u>**
- **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: _____

** 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: _____

<u>ADDRESS MUST BE THE SAME AS ADDRESS IN STUDENT'S RECORDS (TRANSPORTATION WILL VERIFY)</u>

School: _____   Grade: _____

Parent/Guardian PRINTED NAME(S):_____

Cell: _____   Home Phone: _____   Work: _____

Parent Email Address: _____

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➔**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)

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➔**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)

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

Parent/Guardian Signature: _____ *(LEGIBLE SIGNATURE REQUIRED)*

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FOR TRANSPORTATION DEPARTMENT OFFICE USE ONLY: