

REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM

In order to request reinstatement of student transportation services, please complete the following.

To be completed by the PARENT/GUARDIAN. Please print.

I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived student transportation services for my child _____
Student's Name

to and from _____ school.
School of Attendance

As of _____, I am no longer able to transport my child due to a family or
Date
economic hardship, as defined in the _____
Local Board of Education

Transportation Waiver Policy. I therefore request reinstatement of transportation services for the 20____ - 20____ school year. I am providing proof of my family/economic hardship as required by the Transportation Waiver Policy.

I further understand, if approved, the reinstatement of transportation services will occur according to the _____ policy after receipt of the
Local Board of Education
completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the local board of education.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

For District Use Only	
Date Request Received:	_____
BOE Approval Date:	_____
Date Transportation Reinstated:	_____