

**REQUEST FOR TRANSPORTATION CHANGE**

Name of Parent/**Guardian**: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School: HS MS AR FR LV Falls Secor (Please circle)

Grade: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation Request:

Medical

Safety and Health

(Please circle)

Describe Reason for Change:

Duration of Transportation Change:

\_\_\_\_\_ (Please indicate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If Medical, please provide a detailed Evaluation and Explanation on the physicians letterhead. The District may require an independent medical evaluation. Non medical transportation requests must be supported by documentation included with this form)**

**(If Safety and Health, please complete the attached exception criteria form.)**

\_\_\_\_\_  
Signature of Parent / Guardian

Request Status:

Approved

Not Approved

Director of Transportation:

Date:

\_\_\_\_\_

Approved

Not Approved

Assistant Superintendent

Date:

\_\_\_\_\_

Approved

Not Approved

Superintendent

Date:

\_\_\_\_\_

**Reason for Denial:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE FILED ANNUALLY**

**This change expires at the end of the duration period  
Further exemptions require re-filing of this form.**