

REQUEST FOR TRANSPORTATION

**Request must be submitted for all new students and changes of address
Students may not ride until request has been processed**

Call Taken By: _____

Date: _____

REQUEST FOR:
<input type="checkbox"/> Address Change
<input type="checkbox"/> New Student in Area
<input type="checkbox"/> Change of Schools
<input type="checkbox"/> Other

Student ID#: _____ Student Name: _____ Grade: _____

Home Address: _____ Zip Code: _____

Apartments/Subdivision name if any: _____

Pick Up Drop Off Both

Home Telephone: _____ Work Message Phone: _____

Parent/Guardian: _____

Transporting Address: _____ **Zip Code:** _____

Apartments/Subdivision name if any: _____

(If different from home) Pick Up Drop Off Both

School Attending: _____

Additional Comments:

Pick Up Stop _____	A.M. Bus # _____	Time: _____
Shuttle Pick Up _____	Bus # _____	Time: _____
Shuttle Drop off _____	Bus # _____	Time: _____
Delivery Stop _____	P.M. Bus # _____	Time: _____

(Approximate)

Scheduler's Comments:

Begin Date _____

Date Notified _____ Parent School

Signature of Notifier: _____

NOTE: PEEP and ALL Special Ed. must go through respective departments.