



REQUEST FOR BUS TRANSPORTATION

Student's Name:		Grade:	
Does your child require special needs?		YES	NO
SPEL Verification Comments/Director Signature/Date			
Date Completed:			
Parent Signature:			
Residence/Street Address:			
City, State, Zip:			
Home Phone:		Alternate Phone:	
Father's Name:		Mother's Name:	
Work Phone No.:		Work Phone No:	

Person to contact in case of an emergency other than parent/guardian. Must be a relative or neighbor who can reach you and pick-up your child if necessary.

Name:		Relationship:		Phone No.:	
Street Address:					
Name:		Relationship:		Phone No.:	
Street Address:					

Approved/Date _____ (campus principal)

Date Received in transportation _____

Registration process: This form is part of the Campus Registration Package at each campus; the form is completed at the registration site, approved by the principal and submitted to the Transportation Director a minimum of one week before school starts.

Enrollment after the Registration Process: This form is captured at each respective site as new students enroll. The form is approved by the principal and submitted to the Transportation within 24-hours.

In all cases, the request for special needs students is routed from the principal to the Special Education Director to Transportation.



Where we care about student safety