

REQUEST FOR SPECIAL TRANSPORTATION BY SCHOOL BUS

INSTRUCTIONS

This form must be completed and submitted to the Area Bus Supervisor **by the School Administrator** at least twenty-four (24) hours in advance of the date requested.

-PRINT CLEARLY-

REQUESTING SCHOOL _____ LOCATION CODE _____

Name of Person to be Transported _____
 Parent/Guardian
 Student
 Volunteer

Address _____ City _____ Zip Code _____

Telephone Number () - _____ E-Mail Address _____

Regularly Transported Student's Name _____ Grade _____

TO BE PICKED UP AT _____ STOP
 School Home Intersection Time : _____ a.m.
p.m.

TO BE RETURNED TO _____ STOP
 School Home Intersection Time : _____ a.m.
p.m.

ROUTE NO. _____ TRIP NO. _____ ABS _____

ABS Telephone () - _____

POLICY FOR SPECIAL TRANSPORTATION

- The approval of this request is contingent upon the availability of unassigned seat space on the bus.
- It is understood that the bus will adhere to established routes, stops and schedules.
- All passengers are subject to the driver's authority. It is the driver's responsibility to maintain order on the bus.
- The return trip by school bus will follow the regular schedule.
- A completed copy of this form is to be used as a temporary bus pass and must be presented to the bus driver by the passenger upon boarding the bus.
- A student transported for inter-home visitations may return on the school bus the following school day and should retain the copy of this request as his/her bus pass.

I verify that the person named on this request is a student or is a parent/guardian of a student who attends this school, and that this request is in the best interest of the student and District.

_____/_____/20
Signature of Parent, Guardian, or Volunteer Date

_____/_____/20
Principal's Name Approved by Principal / Signature Date

EFFECTIVE from ____/____/20 through ____/____/20

DISTRIBUTION

- Original Area Bus Supervisor (ABS)
- Copy School
- Copy Passenger