



SPECIAL REQUEST/SPACE AVAILABLE TRANSPORTATION APPLICATION

Date: _____

From _____ to _____ A.M. ___ P.M. ___ Both
(Start date) (End date)

REASON FOR SPECIAL REQUEST TRANSPORTATION:

- ___ Student is eligible to ride the bus. Requesting pick up and/or drop off at a different stop on the route.
- ___ Requesting transportation services for a student considered ineligible in accordance with Board of Education Policy 3131.
- ___ Short-term ridership. Reason: _____
- ___ School Admin. request. Per: _____ Phone _____ E-mail _____

STUDENT LAST NAME	FIRST NAME	SCHOOL & GRADE
ADDRESS	CITY	ZIP CODE
PARENT/GUARDIAN NAME	HOME PHONE	WORK/CELL PHONE
STOP LOCATION DESIRED	BUS #'s (If known)	

Transportation will only be provided under the following conditions:

1. The student can access an existing bus stop in a safe manner as defined by Transportation admin.
 2. There is continued space on the bus. This is defined by the actual number of students eligible and scheduled to ride on that particular run.
 3. If the bus route or run changes, the stop is eliminated or the number of eligible students increases on a route; the bus is now considered by our office to be at capacity. Your riding privilege will be revoked.
 4. No new runs or stops will be created to make accommodations for waiver or space available requests.
 5. You may only access the bus at the stop and on the run approved by transportation. Any changes will require a new form to be filled out and submitted to the Transportation department. This request may take up to two weeks to process.
 6. If the student's behavior should merit a written warning or suspension, create a safety problem or liability exposure, riding privilege may be revoked.
 7. A new application **must** be completed and approved by transportation each school year.
- **Application requests are evaluated by the Transportation Department on a first-come-first serve basis.**
 - **Application requests will not be considered until after the third full week of school and may take up to two (2) weeks to process.**
 - **Incomplete information (i.e. stop location, bus number, etc.) may result in a delay in processing request.**

PARENT/GUARDIAN SIGNATURE STUDENT SIGNATURE DATE

For Office Use:
 Approved Denied

Reason: _____

Transportation Director or Designee Date

Copy to Parent _____ Date Copy to Transportation Router _____ Date Copy to School _____ Date