

ALTERNATE TRANSPORTATION REQUEST FORM

Section 1: Transportation Department

The student listed below is not eligible for regular transportation as established in Policy 5.02 for the following reason(s).

Student: _____

Reason(s): _____

Date

Transportation Coordinator

Section 2: School Administrator

Upon completion of pertinent information, please return form to the Transportation Office.

Student's name: _____

Assigned school: _____

Grade: _____

Home address: _____

Phone: _____

I.E.P. requiring transportation: No _____ Yes _____ (Copy of I.E.P. attached)

Reason(s) for request: _____

Special needs/unusual circumstances to be considered: _____

Administrator

Date