

CHARTIERS VALLEY SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

REQUEST FOR SPECIALIZED TRANSPORTATION 2017 – 2018

The District is not responsible for the transportation of students to locations other than the student's home residence, but the District is willing to consider the request of parent(s)/guardian(s) who have specialized transportation needs when the following items are met:

- | | |
|---|--|
| 1. The existing Bus Route does not change. | 4. Transportation is within the School District. |
| 2. An existing Stop is in the area. | 5. Request must be approved by the Building Principal and the Transportation Department. |
| 3. The additional student(s) does not overload the vehicle. | |

STUDENT'S NAME: _____

Building: _____ LAST _____ FIRST _____ MI _____
Grade Level: K 1 2 3 4 5 6 7 8 9 10 11 12

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

The CVSD Administration at its discretion has the right to revoke specialized transportation at any time.

Requested Location of Pick-up and/or Drop-off:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This Transportation Request is for:

____ A.M. – Pick-up (Monday thru Friday) ____ P.M. – Drop-off (Monday thru Friday)

____ **Both A.M. Pick-up and P.M. Drop-off** (Monday thru Friday)

Specialized Transportation Start Date: _____

Reason for Specialized Transportation: _____

Forward this completed form to the school(s) your student is attending for the Principal's approval. Please allow five work days for your request to be approved and processed.

OFFICE USE ONLY:

Principal's Approval

Date

Transportation Approval

Date