

CHANGES TO CURRENT TRANSPORTATION REQUEST FORM

PLEASE COMPLETE THE ENTIRE FORM
CHECK OFF WHETHER THE INFORMATION GIVEN IS THE SAME OR CHANGED

	<u>SAME</u>	<u>CHANGED</u>
STUDENT NAME: _____ (PLEASE PRINT)	_____	_____
ADDRESS: _____	_____	_____
PARENT OR GUARDIAN NAME: _____	_____	_____
HOME PHONE #: _____	_____	_____
WORK OR EMERGENCY#: _____	_____	_____
SCHOOL NAME/HOURS: _____	_____	_____
GRADE: _____ PROTOTPYE _____ MONITOR REQUIRED: YES _____ NO _____		

SPECIAL INSTRUCTIONS: _____
(IF ANY) _____

REQUESTED START DATE: _____

IEP SIGNED BY PARENT/GUARDIAN _____
DATE _____

****ALL TRANSPORTATION REQUESTS WILL HAVE A 2 DAY WAITING PERIOD BEFORE TRANSPORTATION WILL BEGIN. THE 2 DAY PERIOD IS FROM THE DATE THIS FORM IS RECEIVED BY THE SPECIAL SERVICES DEPARTMENT.**

****IF YOUR CHILD IS PICKED UP OR DROPPED OFF OTHER THAN YOUR HOME ADDRESS, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

	<u>SAME</u>	<u>CHANGED</u>
DAYCARE PROVIDER NAME: _____	_____	_____
DAYCARE ADDRESS: _____ PHONE # _____	_____	_____
<u>DAYS OF THE WEEK</u> : MON. TUES. WEDS. THURS. FRI. _____	_____	_____
MORNING PICKUP AFTERNOON DROP OFF OR BOTH (CIRCLE ALL DAYS AND TIMES ABOVE THAT APPLY)	_____	_____
<u>IF THE ABOVE INFORMATION IS NOT CIRCLED WE WILL PICK UP AND DROP OFF YOUR CHILD AT YOUR HOME ADDRESS.</u>		

PARENT/GUARDIAN SIGNATURE: _____

