

# STUDENT TRANSPORTATION REQUEST FORM

**Last Name** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_  
**First Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Mom Work Phone** \_\_\_\_\_ **Dad Work Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Day Care** \_\_\_\_\_ **Day Care Phone** \_\_\_\_\_  
**Pick-Up Address** \_\_\_\_\_  
**Drop-Off Address** \_\_\_\_\_  
**School** \_\_\_\_\_ **Hours** \_\_\_\_\_ **AM to** \_\_\_\_\_ **PM**  
**Start Date** \_\_\_\_\_ **End Date (summer school only)** \_\_\_\_\_  
**LCI (Licensed Children's Institute):**                      **Yes**                      **No**  
**County/District/NPS Program** \_\_\_\_\_ **Requested By** \_\_\_\_\_  
**District of Residence** \_\_\_\_\_ **Requested Date** \_\_\_\_\_  
**Lift Bus?** \_\_\_\_\_ **Car Seat?** \_\_\_\_\_ **Special Equipment?** \_\_\_\_\_

## EMERGENCY CONTACTS

Name	Address	Phone

## ADDITIONAL INFORMATION