

# SPECIAL CIRCUMSTANCE TRANSPORTATION REQUEST

**STUDENT INFORMATION**

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Age      \_\_\_\_\_ DOB (mm/dd/yyyy)      \_\_\_\_\_ Home Phone      \_\_\_\_\_ Guardian Cell

**SCHOOL INFORMATION**

\_\_\_\_\_ School to Attend (Program Location)      \_\_\_\_\_ Grade

**ADDRESS**  Check this box if you are requesting transportation from the below address in addition to what is currently on file. This form will override existing transportation if this box is not checked off.

\_\_\_\_\_ House #      \_\_\_\_\_ Street Name      \_\_\_\_\_ Town      \_\_\_\_\_ Postal Code      \_\_\_\_\_ Phone

\_\_\_\_\_ Guardian Name      \_\_\_\_\_ Relationship to Student      \_\_\_\_\_ Primary Contact Number      \_\_\_\_\_ Secondary Contact Number      \_\_\_\_\_ Email

Full Day       AM Only       PM Only

**REASON FOR REQUEST**

- Student Medical Condition\*\*
- CAS/Interval House
- Administrative Transfer
- House Fire
- Other: \_\_\_\_\_

**\*\*Doctor's note must be submitted identifying medical restrictions of the student and the length of time transportation will be needed**

Supporting Details/ Explanation:

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Transportation will be automatically cancelled at the end of the school year. You must reapply every school year as long as the condition(s) exists.

\_\_\_\_\_ Parent/Guardian Signature\*      \_\_\_\_\_ Principal Signature      \_\_\_\_\_ Date

\*By signing this form, you agree to the following conditions:  
 Transportation is not guaranteed for students who reside outside the school's attendance boundary. Transportation may be provided if there is space on an existing route at no additional cost to the school board. Transportation would only be provided from an existing stop and could be removed for an eligible student with 48-hour notice. Families are responsible for the safe travel to and from the designated bus stop.