

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 to continue eligible in-boundary transportation already on file. This form will override existing transportation if this box is not checked**_____
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.