



# TRANSPORTATION EXCEPTION REQUEST FORM

Requests for exceptions shall be accepted for considerations two weeks after the first day of school. Exceptions are granted on a first-come, first-serve basis, when seats are available. Parent/guardian will be notified in writing of approval or denial of request. Should ridership exceed bus capacity due to an increase in the number of eligible students, parent/guardian shall be notified and the exception rescinded. All granted exceptions are terminated at the close of the school year.

STUDENT: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

STUDENT'S RESIDENT ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN MAKING REQUEST: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE PHONE #(#'s): \_\_\_\_\_

PLEASE INDICATE THE REASON FOR THE REQUEST BELOW.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MORNING ADDRESS: \_\_\_\_\_  
(WHERE WILL WE PICK UP CHILD TO BRING THEM TO SCHOOL)

AFTERNOON ADDRESS: \_\_\_\_\_  
(WHERE WILL WE DROP CHILD OFF AFTER PICKING THEM UP FROM SCHOOL)

PLEASE FILL OUT IF PICKUP/DROPOFF IS NOT AT RESIDENCE:

NAME OF CAREGIVER: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE PHONE #(#'s): \_\_\_\_\_

PARENT/LEGAL GUARDIAN:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED AND APPROVED BY:

SCHOOL ADMINISTRATOR: \_\_\_\_\_ PH EXT: \_\_\_\_\_

School Administrator must approve request and forward to Transportation Coordinator. Approval is granted based solely on space and access to the bus as it is currently routed.