



## 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 idership 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bus capacity due to an increase in the number of eligible students, parent/guardian shall be notified and the exception rescinded.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

STUDENT: LAST: FIRST:	
DATE OF REQUEST: SCHOOL YEAR:	CDADE
SCHOOL ATTENDING:	GRADE:
STUDENT'S RESIDENT ADDRESS:	
PARENT/GUARDIAN MAKING REQUEST:	
PHONE #: ALTERNATE PHONE #(#'s):	
PLEASE INDICATE THE REASON FOR THE REQUEST BELOW.	
·	
MORNING ADDRESS:	
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:	
APPROVED BY:	
SCHOOL ADMINISTRATOR: PH EXT:	
School Administrator must approve request and forward to Transportation Coordinator. Approved in	

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.