

CHARTIERS VALLEY SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

REQUEST FOR SPECIALIZED TRANSPORTATION

2019 – 2020

The District is not responsible for the transportation of students to locations other than the student's home residence; however, the District will consider ONE specialized transportation request when the following items are met:

- | | |
|---|--|
| 1. The existing Bus Route does not change. | 4. Transportation is within the School District. |
| 2. An existing Stop is in the area. | 5. Request must be approved by the Building Principal and the Transportation Department. |
| 3. The additional student(s) does not overload the vehicle. | |

STUDENT'S NAME: _____

Building: _____ LAST _____ FIRST _____ MI _____
Grade Level: K 1 2 3 4 5 6 7 8 9 10 11 12

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

The CVSD Administration at its discretion has the right to revoke specialized transportation at any time.

Requested Location of Pick-up and/or Drop-off:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This Transportation Request is for:

____ A.M. – Pick-up (Monday thru Friday) ____ P.M. – Drop-off (Monday thru Friday)

____ **Both A.M. Pick-up and P.M. Drop-off** (Monday thru Friday)

Specialized Transportation Start Date: _____

Reason for Specialized Transportation: _____

Forward this completed form to the Transportation Department via e-mail at transportation@cvsd.net. Please allow five business days for your request to be approved and processed.

OFFICE USE ONLY:

Principal's Approval

Date

Transportation Approval

Date