

# Request for Special Bus Riding Privilege Form

Student's Name \_\_\_\_\_ RT # \_\_\_\_\_ Date \_\_\_\_\_

School Site \_\_\_\_\_ Grade \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Home address: \_\_\_\_\_

Change Requested: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

1. Routes and/or bus stops will not be added for this request.
2. Approval will be based on space availability.
3. Your child must already be a bus rider on a different route.
4. Approval may be withdrawn if necessary to serve the regular route children.
5. This request must be approved before your child can start riding the bus.

\_\_\_\_\_  
Parents Signature

Please Fax this form to 376-7389

**For Transportation Department**

**Approved**

**Comments:** \_\_\_\_\_

**Not Approved**

\_\_\_\_\_

\_\_\_\_\_

Director of Transportation

Date \_\_\_\_\_