

504 Transportation



Richland County School District One School Bus Transportation Request Under 504

Date of Request: _____

Type of Request

Initial Request ___ Change of Address ___ Change of School ___ Cancel Transportation ___ Annual Update ___

New 504 Qualified Student Data – Request for Transportation (Complete all Information)

Student Name: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

AM Pick Up: _____ PM Drop Off: _____

It is the responsibility of the parent/guardian to assure safe delivery and receipt of students from bus stops.

(Parent/Guardian's Signature)

(Date)

Please return this application with your Enrollment Form.

Note: School Bus Transportation Service is not assured without this application.

504 Qualified Program Official Use Only

Attending School: _____ Grade: _____

Zoned School: _____

Upon receipt and completion, forward one copy to your local STS office for transportation approval and assignment. STS Personnel will forward a facsimile copy to the school for record.

(School Representative/Data Base Coordinator Signature)

(Date)

STS Use Only

Bus Rt.: _____ Driver: _____

Assigned Bus Stop: _____ Effective Date: _____

Comments: _____

(STS Authorized Signature)

(Date)

Copies: 1) School _____
2) Bus Driver _____