

# Student Request for Transportation



If you signed up for transportation when you enrolled your child in INFOSNAP, your child will be assigned to the stop nearest home. **Use this form to request an Alternate Location, or for Preschool or Special Needs.**  
Return completed form to the Transportation Office @ 2828 West 12<sup>th</sup> Ave., or Fax 341-2218. Questions? 341-2219

Today's date \_\_\_\_\_ I would like changes to start on \_\_\_\_\_

City stop changes can begin right away. Door-to-door changes turned in by Wednesday, begin the following Monday.

**STUDENT INFORMATION – Complete this section for ALL requests. One form per student.**

Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_

Student's Home Address (MUST match home address on record at school) \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ **Kindergarten parents must meet the student at the bus stop.**

**PICKUP LOCATION**

Assign my child to the pickup stop near **HOME**, based on the address on record at school. They will ride: M T W Th F

Assign a pickup stop near an **ALTERNATE LOCATION, (Address)** \_\_\_\_\_. They will ride: M T W Th F

Name of person at this address \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

**TAKE HOME LOCATION**

Assign my child to the take-home stop near **HOME**, based on the address on record at school. They will ride: M T W Th F

Assign a take-home stop near an **ALTERNATE LOCATION, (Address)** \_\_\_\_\_. They will ride: M T W Th F

Name of person at this address \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

**PRESCHOOL / SPECIAL NEEDS PERMISSION TO RELEASE – Students will be released to anyone listed as an Emergency Contact on the student's school record. If you want anyone else to receive your child from the bus, list them here.**

- If there is no approved person available when the bus arrives at the stop, the student will be returned to school.
- Person receiving the child might be required to provide identification.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

**SPECIAL NEEDS – Approval from the Flint Hills Special Ed Coop is required for all Special Needs transportation. (620) 341-2325**

What are your child's special needs? (Specify any medical needs, or other information that the driver should be aware of to transport safely.) \_\_\_\_\_

Regular class schedule \_\_\_\_\_ MODIFIED Class Schedule: Class start time \_\_\_\_\_ Class dismiss time \_\_\_\_\_

**PARENT APPROVAL**

Name & phone number of person completing this form \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY TRANSPORTATION OFFICE ONLY**

Date Request Received \_\_\_\_\_ Rec'd by \_\_\_\_\_

Date to begin Transportation \_\_\_\_\_ Processed by \_\_\_\_\_

Info to driver date \_\_\_\_\_ Initial \_\_\_\_\_

Transfinder updated date \_\_\_\_\_ Initial \_\_\_\_\_

Scanned into TF date \_\_\_\_\_ Initial \_\_\_\_\_

Circle: A.M. Prek P.M. Prek Sped Prek All day Prek

Preschool or special needs approval \_\_\_\_\_

**Notes:**