

**Kirk Shrum**  
Superintendent

**Erik Kehrer**  
Chief Operations Officer

**Luis Dominguez**  
Director of Transportation



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## SPECIAL CONSIDERATION FOR TRANSPORTATION

Name:	Primary Phone:	School:
Student ID:	Grade:	Address:
City:	Zip:	

Please inform \_\_\_\_\_ at (phone #) \_\_\_\_\_ of decision.

Section I: To be completed by parent/guardian. Submit a copy of the form to the School Administrator.

REASON FOR REQUEST: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I understand that my student is not eligible to ride the bus until approved by the Transportation Department. I also understand busing is approved on a 'Space Available' basis and is subject to change or cancellation any time during the school year with a ten-day written notice to me. I understand that this request must be renewed on an annual basis."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section II: To be completed by School Administrator. *Submit Completed For To VUSD Transportation Department*

COMMENTS AND RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION III: To be completed by the Transportation Department    Approved     Disapproved

Bus To School: \_\_\_\_\_ Time: \_\_\_\_\_ Stop Location: \_\_\_\_\_  
Bus To Home: \_\_\_\_\_ Time: \_\_\_\_\_ Stop Location: \_\_\_\_\_

Comments: \_\_\_\_\_  
Start Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Transportation

\_\_\_\_\_  
Date

Office Use: Parent Notified By Phone  Mail  Fax