

# CHARTIERS VALLEY SCHOOL DISTRICT

## TRANSPORTATION DEPARTMENT

### REQUEST FOR SPECIALIZED TRANSPORTATION

2025-2026

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 <b>Bus Route</b> does not change.           | 4. <b>Transportation is within the School District.</b>                                  |
| 2. An existing <b>Stop</b> 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](mailto: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