

TRANSPORTATION REQUEST FORM

School Year – _____

Student First & Last Name:

Grade:

Parent/Guardian: _____

Phone Number: _____ Email address: _____

911 Home Address: _____

Requested pick up 911 address (if different from above home address):

Requested drop off 911 address (if different from above home address):

Note – pick up and drop off locations can be different; however, they must be in Lakeview School District and the pick up location and the drop off location must remain the same 5 days/week.

SPECIAL NEEDS/COMMENTS: _____

Internal Office Use Only:

AM BUS/VAN NO.: _____

P/U TIME: _____

PM BUS/VAN NO.: _____

DROP-OFF TIME: _____

_____ NOTIFIED PARENT/GUARDIAN _____ NOTIFIED CONTRACTOR _____ CSIU

_____ NOTIFIED BUILDING ADMIN. _____ PACKET UPDATED _____ HEALTH