Department of Transportation (DOT)

Transportation Request Form

NEW STUDENT-RIDER

DATE: _____

CAMPUS ATTENDING: _____

STUDENT NAME: _____

STUDENT ID: _____ GRADE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PHONE: _____ EMAIL: _____

This form is used for students who are **new** to the district or have a **change of address** and are requesting transportation services.

1. The **parent/guardian** must complete this form during registration or email it to the SSAISD Department of Transportation at: **monica.chow@southsanisd.net or carlos.garza@southsanisd.net**
2. Please allow **1-2** business days for processing after the student has been **officially** enrolled with SSAISD.
    - **Parents/guardians are responsible for providing transportation to and from school until the student has been assigned a route for pickup and drop-off**.
    - **Any attendance incurred during this processing period is the responsibility of the parent/guardian.**
3. This ensures that the student is added to the **appropriate** bus route and that the bus driver is **aware** of the new or updated student information.