Department of Transportation (DOT)

CAPP Transportation Request Form

NEW STUDENT-RIDER

CAMPUS OF RECORD: _____ **Date:** _____

CAMPUS ATTENDING: _____ **GRADE:** _____

STUDENT'S NAME: _____

STUDENT ID#: _____ ***(Required for processing)***

HOME ADDRESS: _____

HOME #: _____ **WORK #:** _____ **CELL #:** _____

YOUR REQUEST IS FOR… (Please Check One)

To School Only ☐ **From School Only** ☐ **or Both** ☐

1. All students must follow the Transportation Guidelines. Your child needs to be at the assigned bus stop 5 minutes prior to the pickup time.
2. Notify the SSAISD Department of Transportation @ 977-7075, if you will no longer require transportation services for your student.
3. Submit completed forms via email to the SSAISD Department of Transportation at: monica.chow@southsanisd.net or carlos.garza@southsanisd.net.
4. Transportation services for CAPPED students will begin **2–3 business days** after the request has been received and processed.
5. The Transportation Department **will be responsible for** notifying parents/guardians of both AM and PM pickup and drop-off times**.**

PARENT NAME: _____

SIGNATURE: _____ **DATE:** _____

PARENT/LEGAL GUARDIAN