Department of Transportation (DOT)

Alternative School Transportation Request

NEW STUDENT-RIDER

CAMPUS: _____ **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 the pickup time.
2. Notify the SSAISD Department of Transportation @ 977-7075, if you will no longer require transportation services for your student.

PARENT NAME: _____

SIGNATURE: _____ **DATE:** _____

Principals/Representative Signature