



Department of Transportation (DOT)

SUMMER SCHOOL TRANSPORTATION REQUEST FORM

Student Information

Student Name: _____

Student ID: _____ Grade Level: 8 9 10 11 12

Home Campus: _____

Parent/Guardian Name: _____

Phone Number: (Home) _____ (Cell) _____

Home Address: _____

Please select the session the student will be attending:

- AM Session ONLY
- PM Session ONLY
- ALL DAY

Transportation Guidelines

- Arrive at the bus stop at least **5 minutes early**
- Buses may occasionally run late
- Allow 1-2 days for processing

Important Notice

*Misbehavior will **not** be tolerated. Riding privileges will be automatically **revoked** for any disciplinary violations.*

Signatures

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Contact Information

For questions or concerns, please contact the Transportation Department:

☎ 210-977-7075

🌐 <https://www.southsanisd.net/departments/transportation/home>

Thank you for helping us maintain safe and efficient transportation services!