

Student Request for Transportation



If you signed up for transportation when you enrolled your child they will be assigned to the stop nearest your home.

Use this form to request an Alternate Location, or for Preschool & Special Needs students.

Return the completed form to the Transportation Office @ 2828 West 12th Ave., or email to Dispatch@usd253.net.

Questions? 341-2219

TODAY'S DATE _____ **I would like changes to start on** _____

City stop changes can begin right away. Door-to-door changes turned in by Wednesday, typically begin the following Monday.

STUDENT INFORMATION – Complete this section for ALL requests. One form per student.

Student's First Name _____ Student's Last Name _____

Student's Home Address (MUST match home address on record at school) _____

School Name _____ Grade _____ **Kindergarten parents must meet the student at the bus stop.**

PICKUP LOCATION

Assign my child to the pickup stop near **HOME**, based on the address on record at school. They will ride: M T W Th F

Assign a pickup stop near an **ALTERNATE LOCATION, (Address)** _____. They will ride: M T W Th F

Name of person at this address _____ Relationship to child _____ Phone number _____

TAKE HOME LOCATION

Assign my child to the take-home stop near **HOME**, based on the address on record at school. They will ride: M T W Th F

Assign a take-home stop near an **ALTERNATE LOCATION, (Address)** _____. They will ride: M T W Th F

Name of person at this address _____ Relationship to child _____ Phone number _____

PRESCHOOL / SPECIAL NEEDS PERMISSION TO RELEASE – Students will be released to anyone listed as an Emergency Contact on the student's school record. If you want anyone else to receive your child from the bus, list them here.

- If there is no approved person available when the bus arrives at the stop, the student will be returned to school.
- Person receiving the child might be required to provide identification.

1. Name _____ Relationship to child _____ Phone number _____

2. Name _____ Relationship to child _____ Phone number _____

3. Name _____ Relationship to child _____ Phone number _____

SPECIAL NEEDS – Approval from the Flint Hills Special Ed Coop is required for all Special Needs transportation. (620) 341-2325

What are your child's special needs? (Specify any medical needs, or other information that the driver should be aware of to transport safely.) _____

Regular class schedule _____ MODIFIED Class Schedule: Class start time _____ Class dismiss time _____

NAME AND PHONE NUMBER OF PERSON COMPLETING THIS FORM

Name _____ Phone Number _____

Relationship to child _____ Date _____

THIS SECTION TO BE COMPLETED BY TRANSPORTATION OFFICE ONLY

Date Request Received _____ Rec'd by _____

Date to begin Transportation _____ Processed by _____

Info to driver _____ date _____ Initial _____
Transfinder updated _____ date _____ Initial _____

Scanned into TF _____ date _____ Initial _____

Circle: A.M. Prek P.M. Prek Sped Prek All day Prek

Preschool or special needs approval _____

Notes: