

COVINGTON COMMUNITY SCHOOL CORPORATION TRANSPORTATION HARDSHIP REQUEST

For families who need a transportation plan that does not fit the regular weekly schedule

Please use this form only when your child needs an unusual or rotating transportation schedule. You may attach a work schedule or calendar instead of trying to explain every date on this form.

1. STUDENT AND PARENT INFORMATION

Student name:	Grade:
School:	Teacher/Homeroom:
Parent/Guardian:	Best phone number:
Email:	Requested start date:

2. WHY IS A SPECIAL TRANSPORTATION PLAN NEEDED?

Please explain the situation in your own words.

3. WHERE MAY YOUR CHILD BE PICKED UP OR DROPPED OFF?

LOCATION A	LOCATION B
Name of location/adult: _____	Name of location/adult: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Bus number, if known: _____	Bus number, if known: _____

4. TELL US HOW THE SCHEDULE WORKS

Check the choice that best describes your family:

- ☐ The schedule is the same every week. ☐ The schedule rotates because of work. ☐ Other:

Explain the schedule in the easiest way you can. Example: "Mom works 4 days on and 4 days off. On work days, use Location B. On days off, use Location A."

☐ I attached a work schedule or calendar that shows the pattern.

5. PARENT/GUARDIAN AGREEMENT

I understand that this request must be reviewed before it begins. Approval depends on route availability, bus capacity, and student safety. I will give the school updated information as early as possible if the approved plan changes.

Parent/Guardian signature: _____	Date: _____
---	--------------------

6. FOR SCHOOL / TRANSPORTATION OFFICE USE ONLY

Date received: _____ ☐ Approved ☐ Denied	Reviewed by: _____ Effective date: _____
Bus/route information: _____	Parent notified: _____ Transportation staff notified: _____

TRANSPORTATION SCHEDULE - OPTIONAL HELP PAGE

Use this page only if it helps you show us the first two weeks. If you attached a calendar or work schedule, you may leave this page blank.

HOW TO FILL THIS OUT: Write the school date. Then write A, B, CAR, or another plan for the morning and afternoon. Example: 8/18 | Morning A | Afternoon B.

TRANSPORTATION SCHEDULE

School Date	Morning Pickup	Afternoon Drop-Off	Notes

Anything else we need to know?

Parent Signature _____ Date _____