

REQUEST FOR EXCEPTION TO RIDE A SCHOOL BUS

Check Type of Request:

- | | |
|---|---|
| <input type="checkbox"/> Day Care or School-Age Child Care (SACC) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Foreign Language Partial Immersion | <input type="checkbox"/> Dual Custodial |
| <input type="checkbox"/> International Bacculaureate (IB) | <input type="checkbox"/> Other _____ |

To Be Completed by Parent or Guardian		
Student Name	Date of Request	Grade
School Name	Requested Transportation Number Bus _____ Route _____	
Student ID#	Home Telephone	Work Telephone
Student Legal Residence Address		
Parent or Guardian Name		
All requests must be for a.m. and p.m., five days a week.		
Bus Stop Location		
Time Period Service Requested: <input type="checkbox"/> Annual <input type="checkbox"/> Other, Specify _____		
Will child walk to bus stop from legal residence or another address (e.g., child care provider)? <input type="checkbox"/> From legal residence <input type="checkbox"/> From alternative address		
Explain and specify alternative address _____		
Describe the specific walking route your child will follow to the requested bus stop		
Dual Custodial Only: Days of the week for alternating residence _____		
Parent or Guardian Signature _____ Date _____		
To Be Completed by Office of Transportation Services		
Transportation Office	Map Reference Number	Date Received
Transportation Services Recommendation: <input type="checkbox"/> Seat Available: Approved <input type="checkbox"/> No Seat Available; Recommend Disapproval <input type="checkbox"/> Refer to Office of Safety and Security for Review <input type="checkbox"/> Walking Route: Approved <input type="checkbox"/> No existing stop at requested location; Disapproved		
Comments		
Transportation Supervisor Signature _____ Date _____		
Office of Safety and Security Recommendation: (if referred by transportation) Walking Route: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Comments		
OSS Signature _____ Date _____		
To Be Completed by Department of Facilities and Transportation Services Chief Operating Officer or His or Her Designee:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Explain _____ Date _____		