



# STUDENT TRANSPORTATION REQUEST

Parent will transport  
 Daycare will transport  
 School REQUESTED to attend through Intra-District \_\_\_\_\_ not yet approved or denied  
 Date student is starting \_\_\_\_\_

Complete ONE FORM for each student. In most cases, this form requires a minimum of three (3) days to be processed by the Director of Transportation. Incomplete or incorrect forms can cause a delay in processing.

### Home School:

- BG High School       BG Middle School       Conneaut  
 Penta Career Center       St. Aloysius       Crim  
 Preschool       St. Louis       Kenwood  
 Montessori       BGCA  
 Other: \_\_\_\_\_

### Grade:

- Preschool AM     Preschool PM     Kindergarten  
 01     02     03     04     05     06  
 07     08     09     10     11     12

**Program:**  Woodlane     CRC/PATHe

Other: \_\_\_\_\_

**Student Identifies as:**  Male  Female  Other \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### Student Legal Name:

\_\_\_\_\_  
 First Middle Last

Preferred Name (if blank student will be called by first name as written above): \_\_\_\_\_

Is Student on an IEP?  No  Yes – If yes please answer the following questions:

Does Child require a wheelchair lift?  Yes  No      Does student require a safety vest/harness?  Yes  No

**Student resides with:**  Both Parents/Guardians     One Parent/Guardian Only  
 If a custody order or shared parenting agreement is in effect, it must be attached to this form.

### Parent/Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does student reside with this Parent/Guardian?  Yes  No

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Step-Parent** (if applicable): \_\_\_\_\_

Does student reside with this Step-Parent?  Yes  No

Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does student reside with this Parent/Guardian?  Yes  No

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Step-Parent** (if applicable): \_\_\_\_\_

Does student reside with this Step-parent?  Yes  No

Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

I am requesting transportation service to and from the address(es) identified above. I agree to instruct the above student about the rules for school transportation before they begin riding the bus, per the accompanying pamphlet, and I understand this student may be suspended from riding the bus for the failure to follow all applicable rules, and laws at the local, state, and federal levels.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_