

# TRANSPORTATION REQUEST

(Required for Transportation Service)

Visit <http://usd320.com/Programs/Transportation/default.aspx> for transportation related items, such as shuttle schedule.

Parents are responsible to provide supervision for their children after they get off the bus at their assigned stops. Since exact drop off times can vary, parents should take whatever steps necessary to insure a proper level of supervision for their children. This form must be **completed** and in the USD 320 Transportation Office within one week of requested travel or changes to previous transportation requests. *By signing this disclaimer and/or utilizing USD 320 route transportation, I certify that I understand and accept the provisions of this disclaimer. In addition, I affirm that I have read and understand the Expectations of Bus Passengers and the Bus Discipline Plan. (<http://usd320.com/Programs/Transportation/default.aspx>).*

Signature: \_\_\_\_\_

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

This request is for **(circle one)**:

**Rural Route Transportation**

**Shuttle Service**

## Student Information

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street address) (City)

Comments: \_\_\_\_\_

Did Student ride a USD320 bus last year?  Yes  No

## Information your bus driver needs to know:

Mornings:

I request that my child be picked up at: \_\_\_\_\_  
(Name of Primary Person at Address)

\_\_\_\_\_  
(Phone Numbers) (Street Address)

\_\_\_\_\_  
(City)

[Days to be picked up (circle all that apply)] Mon Tues Wed Thur Fri  
Is the student in the breakfast program?:  Yes  No

Additional A.M. pick up requests: \_\_\_\_\_

.....  
Afternoons:

I request that my child be delivered up at: \_\_\_\_\_  
(Name of Primary Person at Address)

\_\_\_\_\_  
(Phone Numbers) (Street Address)

\_\_\_\_\_  
(City)

[Days to be delivered (circle all that apply)] Mon Tues Wed Thur Fri

Additional P.M. delivery requests: \_\_\_\_\_

.....  
Any medical issues the driver needs to know about?: \_\_\_\_\_

# PRE SCHOOL STUDENT ADDENDUM TO TRANSPORTATION REQUEST

*(Required for Transportation Service)*

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Parents are responsible to provide supervision for their children after they get off the bus at their assigned stops. Parents or care providers are required to accompany their preschool child onto and off of the vehicle and, where applicable, to ensure the student is properly seat belted into their seat. Since exact drop off times can vary, parents should take whatever steps necessary to insure a proper level of supervision for their children. If you have a Pre School student, **both sides of this Transportation Request Form must be completed** and be in the USD 320 Transportation Office within one week of requested travel or changes to previous transportation requests.

The following information is required for students in USD 320 Preschool requiring transportation services:

Are transportation services indicated on the student's IEP?  Yes  No

Does the student live in Wamego, or within 2 ½ miles of Central Elementary?  Yes  No

In which session is the student enrolled:  AM Session  PM Session