

## TRANSPORTATION APPLICATION

*(TO BE COMPLETED BY SCHOOL STAFF ONLY)*

- VEEP
- MAGNET
- NEIGHBORHOOD SCHOOLS
- SPECIAL ED SIBLING (This is not a guaranteed service and is subject to seat availability)

SCHOOL: \_\_\_\_\_

LOCATION #: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_ - \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT: \_\_\_\_\_  
Last Name First Name MI

HOME ADDRESS: \_\_\_\_\_  
Apt/Unit # City Zip Code

Home Phone \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE ACKNOWLEDGES TRANSPORTATION SERVICES MAY BE SUBJECT TO AN ANNUAL FEE:**

PARENT/GUARDIAN: \_\_\_\_\_  
Last Name First Name Cell Phone Work Phone

\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date

**If student needs service on a continuing daily basis from other than the above address:**

ADDRESS: \_\_\_\_\_  
Apt/Unit # City Zip Code Telephone

Existing Route/Stop: \_\_\_\_\_  
AM PM EO

Special Requirements: WHEELCHAIR  CAR SEAT  OTHER \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT SIGNATURE (PHONE)