

# Transportation Request Form:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Behavior or medical concerns that bus driver should be made aware of for safety:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizures: \_\_\_\_\_ yes \_\_\_\_\_ no; Controlled: \_\_\_\_\_ yes \_\_\_\_\_ no

Pick up Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult's name at pick-up location: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

**Please note that we cannot make changes to pick-up or drop-off address once processed.**

Drop Off Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult's name at pick-up location: \_\_\_\_\_

## Transportation Policy:

- Requests will be denied if the child's resident is located within a walk zone (less than 1 mile)
- Child must be picked up and dropped off at a residential address
- If your request is for both pick-up and drop-off, student must go to the same address every week
- Transportation will be denied and discontinued if a discipline problem arises.
- All children must be met at the van stop daily by a responsible adult
- Transportation is provided to Macon residents and other request will be considered up to a 20 mile distance from the office.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_