



Bethel School District #403
 Transportation Department
Transportation Request Form

IST - FAX 683-5998 & Transportation - FAX 683-5000

(Check boxes prior to faxing copies to IST and Transportation)

(Please Print) RETURN COMPLETED HARD COPY TO TRANSPORTATION

- Information Change Only
- New Student
- Change of School
- From _____ To _____
- Requires Bus Assistant per IEP
- Regular Ed. to Special Ed. Route
- Preferred Transportation _____
- Start Date _____

Date of Request: _____ FUNDING AUTHORITY NOTIFIED YES NO

Student's Name: _____ District ID # _____

Birthdate: _____ Sex: _____ Grade: _____

School/Site: CHALLENGER

TIME () AM () PM

Resident Address: _____ City _____ Zip _____

Parent/Guardian's Name: _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Student's Direct Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

Transportation Needs: (circle applicable) Wheelchair = 1 Carseat = 2 Harness = 3

Behavioral/Medical Concerns if any: _____

If student has a Behavior Plan please attach.

Transportation Office Use ONLY

Pick Up Street Address: _____

Drop Off Street Address: _____

	P/U	AM	D/O	P/U	MID	D/O	P/U	PM	D/O
Driver:									
Run:									
Bus:									
Time:									

1) Dispatch: _____ / _____ Received Information Start Date for transportation: _____

2) Routing Dept.: _____ / _____ Routing/Mapping

3) Dispatch: _____ / _____ Card _____ / _____ Driver Contacted _____ / _____ Parent Contacted

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