

# Request for Transportation

**ALL** information (1-6) **MUST** be completed and this form **MUST** be on file in order for your child to be transported by a Cordova bus.



**1. THIS REQUEST IS FOR:** ☐ New School Year/New Student ☐ Change of Address **START DATE:** \_\_\_\_\_

## 2. STUDENT INFORMATION

↑First Name↑

↑Last Name↑

↑Grade↑

↑DOB↑

↑Age↑

**WHEELCHAIR STUDENT:** ☐ Yes ☐ No

**SEIZURES:** ☐ Yes ☐ No

**SPECIAL MEDICAL/PHYSICAL CARE NEEDED** \_\_\_\_\_

## 3. PARENT/GUARDIAN INFORMATION

↑First Name↑

↑Last Name↑

↑Home Phone↑

↑Cell Phone↑

**WORK PLACE** \_\_\_\_\_ **WORK #** \_\_\_\_\_ **Ext** \_\_\_\_\_

## 4. WILL THIS STUDENT RIDE THE BUS...

**TO School** ☐ Yes ↓ ☐ No

**FROM School** ☐ Yes ↓ ☐ No

### MORNING / PICK-UP ADDRESS

☐ Home ☐ Daycare: \_\_\_\_\_

Street

City

**\*\*MUST GIVE DETAILED DIRECTIONS:**

**(Give Major Starting Point – Ex: HWY #1, Hardees, Food Lion, Name of Church, Color of House/Mobile Home, etc.)**

### AFTERNOON / DROP OFF ADDRESS

☐ Home ☐ Daycare: \_\_\_\_\_

Street

City

**\*\*MUST GIVE DETAILED DIRECTIONS:**

**(Give Major Starting Point – Ex: HWY #1, Hardees, Food Lion, Name of Church, Color of House/Mobile Home, etc.)**

**5. WHAT SCHOOL DOES THIS STUDENT ATTEND?** \_\_\_\_\_

**6. IMPORTANT!** List Contacts **OTHER THAN PARENTS** that can pick up/receive the student from bus if needed.  
**\*\*\*If a name is NOT listed, he or she will NOT BE ALLOWED TO RECEIVE STUDENT OFF THE BUS!\*\*\***

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Write on back if more space is needed to list emergency contacts. The more names listed, the faster we can service you in case of an urgent situation!