EAST LANSING PUBLIC SCHOOLS
Request for Transportation

This form is to be used for the purpose of requesting "extraordinary" transportation for a resident student who is not normally eligible for bus transportation or requesting transportation on a bus route other than the student's assigned route. The form is to be completed by the parent/guardian and submitted to the Transportation Department. Upon approval by the Transportation Director (or designee), the form will be submitted to the routing office at Ingham Intermediate School District to determine space availability on the requested bus route. The following procedures and regulations will be followed:

1. Parents shall make application to the Transportation Department on the form provided below.
2. Requests are approved **only on a space-available basis.** Approval may be withdrawn at such time as overcrowding occurs, route changes are necessitated or continuation of transportation would require additional transportation expenditures by the District.
3. Students so assigned may only be transported within the time frames and destinations indicated along established routes. Exceptions to regular routing are unfortunately *not* possible.
4. Any transportation request due to medical considerations must be accompanied by appropriate documentation from the student's physician.
5. The parent/guardian will be notified of approval, the starting date, and the bus assignment.
6. Approved **requests will remain in effect for the current school year, only**.

Parent/Guardian Name _____

Address _____ Telephone _____

Name of Student _____ School _____ Grade ____

Reason for Request _____

If for child care purposes, please provide the child care provider's name and contact number:

Name_____Telephone_____

Address for Requested Transportation _____

(Beginning) Date of Transportation _____

Days transportation is requested (circle all that apply) **A.M.** Mon Tues Wed Thurs Fri
P.M. Mon Tues Wed Thurs Fri

Parent/Guardian signature _____ Date _____

☐ Approved ☐ Denied Comments:_____

Signature of Transportation Director (or designee) _____ Date _____

Dean Transportation: Student assigned to Bus # _____ Bus Stop _____