

All Other District's

Transportation Request

Please complete this form only if you are requesting transportation for the coming school year 2014-2015

Family Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Residing in _____ Public School District

Attending _____ School

Student's Name _____ GR _____

Student's Name _____ GR _____

Student's Name _____ GR _____

Student's Name _____ GR _____

Student's Name _____ GR _____

This is to certify that I hereby appoint the principal of the above mentioned school to act as my authorized representative to request transportation to and from school under the provision of the Speno Act for the student mentioned above.

This authorization shall remain in effect while I have my child (ren) in attendance at the school or until I expressly revoke it in writing.

Signature of Parent or Guardian

Date

NB: The school must present this request to the public school district by April 1. It is imperative that this signed form be returned to the school no later than March 24.