Warren County Special Services School District

STUDENT TRANSPORTATION REQUEST

PLEASE TYPE OR PRINT AND FILL IN ALL INFORMATION

Incomplete Forms Will Be Returned

District To Be Billed:_________________________**SCHOOL YEAR:**______

Requesting District will be responsible for payment upon commencement of service*.

Student's Name:____

Sex:___________ DOB: ___________ Grade: ___________

Street Address:____________________________Town:____________Zip:________

Mailing Address:__________________________Town:____________Zip:________

Nearest Intersection To Residence:____

Parent's Name/Guardian:_________________________Telephone#_____________

Emergency Contact Name:________________________ Telephone#_____________

Any Additional contact Names/Numbers:_____________________________________

Receiving School:____

CONTACT PERSON_____________________ **Telephone Number**:_____________

School Address:____

Days Of Week (Circle) M T W T F (please include a calendar)

Service To Begin:_________________________Service To End:________________

School Hours:__________________________Earliest time for drop off:____________

FILL IN BELOW FOR SPECIAL NEEDS STUDENTS:

Student Special Needs: (Please check/specify)

Classification:__________________________________Seat Belt:_______________

Safety Restraint System:____what type:_______________Wheelchair Lift/Ramp:_____

Car Seat:_____Booster:_____Child's Weight:___________Child's Height:___________

Aide:_______If Yes, Supplied By District:_____________Contractor:_______________

Special Requirements for Aide:____

Additional information pertinent to a **Safe Trip**________________________________

We have reviewed and supplied the above information:

Case Manager:_________________Phone:__________________Fax:______________

_____________________________ CST Coordinator / Director

Date:____________________

_____________________________ Board Secretary / Business Administrator

Date:____________________

**Liability will only be shifted to another district upon presentation of proof of district responsibility.*

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