Date: _____

NON-FUNDED STUDENT TRANSPORTATION REQUEST FORM

Parent(s)/Guardian(s) _____

Mailing Address: Telephone: _____ (Home)

_____ Work: _____ Work: _____

_____ Cell: _____ Cell: _____

Home Physical Address _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

NAME OF STUDENT(S)	SCHOOL	GRADE

☐ Safety Risk **OR** ☐ Optional Transportation

☐ Cheque Enclosed

If considered a *Safety Risk* (as in Reference D-10(R2) 1.3), please explain:

Driver _____ Route # _____ Bus # _____ Express Rt. # _____

OFFICE USE ONLY

COMMENTS	
	Date Received: _____
	Cheque Received: Yes ☐ No ☐
	Request Approved: _____
	Request Denied: _____
	Geocoded: Yes ☐ No ☐
	Mapped: Yes ☐ No ☐