

VANCE COUNTY PUBLIC SCHOOLS

TRANSPORTATION REQUEST FORM

Please complete this request in its entirety and submit it to the Transportation Department immediately.

School Name: _____ Date Received by School

Name of Parent/Guardian:

Address:

	AM	PM
ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT'S LEGAL NAME (No Nickname)

STUDENT NUMBER

GRADE

Alternate AM Transportation-
(If address is different than home, it must be in school attendance zone)

Reason: (ex: Day Care/Grandma)

Alternate PM Transportation-
(If address is different than home, it must be in school attendance zone)

Reason: (ex: Day Care/Grandma)

Date to begin Transportation:

Please allow 2-3 days for transportation

Please include any special information that would benefit the needs of the student. (EX. Wheelchair and/or Medical...)

Attn Powerschool Coordinators: Please make sure that the Powerschool address is correct in the system. If it is not correct, then it needs to be updated before a student can be put on a route.