



School Year: \_\_\_\_\_

Session 1

Session 2

**PRESCHOOL IEP TRANSPORTATION REQUEST**

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Days of Week for Transportation **To School:** M T W TH F

**Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Days of Week for Transportation **From School:** M T W TH F

**Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Students must be accompanied by an adult at pick up and drop off point – no exceptions. When notified of pick up and drop off time/place - please be at your stop 5 minutes PRIOR to be sure there are no delays in transportation.** I understand that it is my responsibility to notify the school of any transportation changes before they are to occur. I understand that the above agreement is for the current school year only. I/we assume all responsibility for our student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW

ACCOMODATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO SCHOOL bus # \_\_\_\_\_ FROM SCHOOL bus # \_\_\_\_\_