

**Office of Student Services**

*Supporting students, families, and schools*

Children In Transition

Transportation Request 2016/2017

Date: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Student School ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: Start Time/End Time: / Days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Advocate Name & Phone#: /

Guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pickup Address: Drop Off Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_

Emergency Contact & Phone# /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Medical Info/Problems we should know about: No:

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Doctor & Hospital: / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form *must* be emailed directly to Rachel Medeiros at Rmedeiros@washoeschools.net**

Does this student require car seat? No: \_\_\_\_Yes:

Does this student carries an IEP? No: \_\_\_\_Yes:

**CIT Program Internal use only**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Date received by the CIT Office: |
| Is CIT transporting student? If yes, start Date: |
| Date Transportation office approved/denied: |
| Give reason if denied: |
| Van Transportation Y/N |
| Bus Passes Y/N |
| In-Lieu of Y/N |
| Infinite Campus Y/N |