

TANGIPAHOA PARISH SCHOOL SYSTEM
TRANSPORTATION SPECIAL REQUEST FORM

STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle)

Home Address: _____
(House No.) (Street/Road) (City) (State) (Zip)

Request Date: _____ Home Phone: _____ Work Phone: _____

SPECIAL REQUEST TRANSPORTATION INFORMATION

Request Service to: { } Baby-sitter { } Day Care Center { } Relative
{ } Other Specify: _____

Name of Person/Establishment Responsible for the Child: _____

New Address: _____
(House No.) (Street/Road) (City) (State) (Zip)

Relationship to the Child: _____ Phone: _____

Additional Information: _____

(Parent/Guardian Signature)

Bus Number your child is currently scheduled to ride: _____

To be completed by the School's Principal or his/her designee.

{ } **REQUEST DENIED** { } **REQUEST APPROVED**

{ } Bus Seating Capacity Full

{ } Outside School Attendance Area **ASSIGNED TO DRIVER/BUS NO.** _____

{ } Other Specify: _____

Principal's Signature: _____

*******This request will only be considered for the current school year*******

Copy: Student's File, Bus Driver's File, Parent/Guardian, Bus Driver