

**THE SCHOOL DISTRICT OF LANCASTER  
TRANSPORTATION REQUEST**

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone # \_\_\_\_\_

Guardian Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Administrative	_____	Diagnostic Kindergarten (DK)	_____	AM Only	_____
IU#13	_____	Hearing Impaired Support (HIS)	_____		
Medical	_____	Emotional Support (ES)	_____		
Open Enrollment	_____	Learning Support (LS)	_____		
Special Education	_____	Life Skills Support (LSS)	_____	PM Only	_____
Wheel Chair	_____	Multi-Disability Support (MDS)	_____		
Physical Support (PS)	_____				

Comments: \_\_\_\_\_

<b>REQUESTING TRANSPORTATION TO AND FROM CHILD CARE PROVIDER</b>		
Name _____	Phone # _____	
Address _____		
AM Only	PM Only	Both AM & PM

Requested By \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION OFFICE**

New Student \_\_\_\_\_ Change in student bus information \_\_\_\_\_ Delete student from bus \_\_\_\_\_

\_\_\_\_\_ AM Bus \_\_\_\_\_ Time \_\_\_\_\_

Stop description

\_\_\_\_\_ AM Bus \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ PM Bus \_\_\_\_\_ Time \_\_\_\_\_

Stop description

\_\_\_\_\_ PM Bus \_\_\_\_\_ Time \_\_\_\_\_

Start Date: \_\_\_\_\_ New Bus Stop: \_\_\_\_\_

White - Transportation      Green- Bus Lot      Yellow - Parent      Pink - Driver      Gold - Contractor