

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
TRANSPORTATION REQUEST FORM**

**SCHOOL YEAR** \_\_\_\_\_ - \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**PROGRAM**

- Special Ed
- RECC
- Pre-K
- Other

**PURPOSE**

- New transportation student
- Change of address
- Change of special education program or school

**STUDENT INFORMATION:**

Student: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

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

Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Work # (M): \_\_\_\_\_

City: \_\_\_\_\_

Work # (F): \_\_\_\_\_

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

Cell # : \_\_\_\_\_

Pick-up/Drop-off Location *(if different from home address)*.

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_

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

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

**SPECIAL REQUIREMENTS:**

- Standard Wheelchair
- Electric Wheelchair
- Special Chair
- Booster Seat
- Car Seat
- Other \_\_\_\_\_

**SESSION:**

- Full Day
  - AM5       AM4       AM3       AM2
  - PM5       PM4       PM3       PM2
  - Other \_\_\_\_\_
- (i.e. M,T,Th,F 9:15-3:45; W 9:15-11:45 or M,T,Th,F 9:15-1:15; W 9:15-11:45 )*

Start date for service: \_\_\_\_\_

**FOR PUPIL TRANSPORTATION OFFICE USE ONLY**

Transportation Scheduled to Start On: \_\_\_\_\_

	<i>Bus #:</i>	<i>Contractor:</i>	<i>Date Notified:</i>
AM	_____	_____	_____
Noon	_____	_____	_____
PM	_____	_____	_____