# District School of Choice Transportation Request

Transportation will be provided to District Schools of Choice students within our district boundaries using the following criteria:

The pick up and drop off location must be from the home of a friend or relative living within (School District). We must receive written verification on the form below signed by the parents and the person from within our district where the student will be transported. The written verification must include the address and phone number. Each request will be verified by phone.

**All requests must be brought to the Transportation Office at (Street Address).**

My child is enrolled in (School District) through District Schools of Choice and I understand transportation is not included with Schools of Choice from my home. I am requesting transportation for my child/children, _____, under the above criteria. The address I request they be transported from is _____. I understand they will be assigned to a bus stop at that address using the same criteria as any other student.

I also understand that (School District) do not allow students to walk out of (School District) district to their homes and it is their expectation that the students will be given reasonable care and shelter at the above address.

_____ _____

Parent/Guardian Date

I, _____ authorize (School District) to transport the following students, _____ from my home. My address is _____ and my phone number is _____.

I also understand that (School District) do not allow students to walk out of (School District) district to their homes and it is their expectation that the students will be given reasonable care and shelter at the above address.

_____ _____

Signature Date