CANON-MCMILLAN SCHOOL DISTRICT
REQUEST FOR SPECIALIZED TRANSPORTATION
2010 - 2011 SCHOOL YEAR

The District is not responsible for the transportation of students to locations other than the student's home residence, but the District is willing to consider the request of parent(s)/guardian(s) who have specialized transportation needs when the following items are met:

1. The **Bus Route** does not have to be changed or extended.
2. An existing **Stop** is in the area.
3. The additional student(s) does not overload the vehicle.
4. **Transportation is within our District Boundaries.**
5. Students can have a different pick up than drop off provided if these stops are consistently used **five days per week.**
6. Request must be approved by Director of Transportation and Building Principal.
7. No temporary changes of transportation for any reason.

Please complete the following information and forward to:
Canon-McMillan School District
Transportation Services
186 Boone Avenue
Strabane, PA 15363

STUDENT'S NAME:_____ BUILDING_____
LAST FIRST MI

Circle Grade Level for (2010-2011) K 1 2 3 4 5 6 7 8 9 10 11 12

Home Address: _____Phone # (H)_____

City: _____ State:_____ Zip: _____

Parent's Name: _____Phone # (W) _____

Parent's Signature: _____

Rights for specialized transportation maybe revoked at any time at the discretion of the CMSD Administration.

Requested Location of Pick up or Drop-off:

Name: _____Phone # (W) _____

Address: _____

City: _____State:_____ Zip: _____

Transportation Request is for:
_____AM - Arrival only (student will be taken home on his/her regular scheduled PM bus - Monday thru Friday).
_____PM - Departure only (student will be picked up at home on his/her regular scheduled AM bus - Monday thru Friday).
_____Both Arrival and Departure - Monday thru Friday

Effective Date Transportation is Needed_____

Reason for Specialized Transportation_____

_____

If your request is approved, you will be notified by phone or email. Please allow substantial time for your request to be processed, at least five (5) working days.

OFFICE USE ONLY:

_____ _____ _____ _____
Principal's Approval Date Transportation Approval Date