

NEBO SCHOOL DISTRICT

**Request for Special Transportation Consideration**

Date: \_\_\_\_\_

Names of student(s) involved in request: \_\_\_\_\_  
 \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student School: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ E-mail: \_\_\_\_\_

List all pertinent information. Use back of this sheet, if necessary. Please include name, address and phone number of alternate location, if applicable.

STATEMENT OF REQUEST: \_\_\_\_\_  
 \_\_\_\_\_

Pick up     Drop off     Both, pick up AND drop off at alternate location

**ALTERNATE ADDRESS :**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date to begin: \_\_\_\_\_

**Transportation to an alternate address must be on a daily basis, and application must be made every year. This form may be faxed to the transportation office at (801) 465-6009.**

\_\_\_\_\_  
 (Signature of parent/guardian)

**FOR DISTRICT USE ONLY**

Route Coordinator  
 Transportation Supervisor

Approval	Disapproval	Date

Bus # \_\_\_\_\_ Driver \_\_\_\_\_ Notified  Parent Notified  Date \_\_\_\_\_

Stop Address \_\_\_\_\_ AM pick up \_\_\_\_\_ PM drop off \_\_\_\_\_