EBR SCHOOLS | OFFICE OF TRANSPORTATION

Revised June 2026

TRANSPORTATION SPECIAL REQUEST FORM

☐ Check if Special Education

Student Information

Student Name: _____ _____ _____
(Last) (First) (Middle)

Home Address: _____
(House Number/Street Name/If Rural, Name of Highway)

_____ _____ _____
(City/Zip) (Phone #) (Emergency #)

School Name: _____

Requested by: _____ Relationship to Child: _____
(First/Last Name)

Special Request Transportation Address

Request Service **for** (check one): ☐ Morning Only ☐ Afternoon Only ☐ Morning & Afternoon

Request Service **to** (check one): ☐ Relative ☐ Babysitting ☐ Other, please specify: _____

Address of Special request: _____
(House Number/Street Name/If Rural, Name of Highway)

_____ _____
(City/Zip) (Phone #)

Reason for Request: _____

_____

_____

Is your child currently scheduled to ride a school bus? (check one) ☐ Yes ☐ No

If yes:
What is the bus number? _____ What is the Route Number? _____

☐ Request Approved
Approved by: _____ _____
(School Principal) (Transportation Supervisor)

☐ Request Denied
Denied by: _____

Reason for Denial: ☐ Outside home school attendance area ☐ Resides in school walk zone ☐ Bus capacity full
☐ Not on scheduled route ☐ Other, please specify: _____

Special Transportation will only be provided within the student's home attendance zone or the attendance zone of the school they are attending if they are out of district.