



# REQUEST FOR STUDENT TRANSPORTATION



Please complete the following sections, as they relate to your request.

*Stops are not subject to relocation except for safety concerns evaluated by the Pupil Transportation Department.*

*Students may walk up to .30/mile.*

**1. Check all that apply:**  New Student  Change in pick up or drop off location  Change of address  
 Review of current bus stop  Other: \_\_\_\_\_

## **2. Student / Parent Information:**

School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian's full name: \_\_\_\_\_

Parent/Legal Guardian's Email Address \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

## **3. Current Bus Information:**

Current bus #: \_\_\_\_\_ Stop location: \_\_\_\_\_

## **4. Child Care Provider Information:**

Provider's Street Address: \_\_\_\_\_

Check one:  AM  PM  Both Parent's Signature: \_\_\_\_\_

## **5. Please explain why a change is needed:**

---

---

---

*Please forward your request to the Transportation Department upon completion - Fax: 804-966-8598, or you can email at [Lsimmons@nkcp.k12.va.us](mailto:Lsimmons@nkcp.k12.va.us) & [Sbrown@nkcp.k12.va.us](mailto:Sbrown@nkcp.k12.va.us) - Please do not Fax **and** email*

*Transportation will notify the parent(s) when the request has been processed.*

## **Office Use Only:**

Processed By: \_\_\_\_\_ APPROVED /DENIED PARENT Notified \_\_\_\_\_ Notify Driver /Update Route \_\_\_\_\_