



**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: \_\_\_\_\_

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

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

Please Select one: \_\_\_ AM \_\_\_ PM \_\_\_ Both \_\_\_ Will Not Need Transportation

Parent's Signature: \_\_\_\_\_

**3. Current Bus Information:**

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

**4. Child Care Provider Information:**

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

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

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

\_\_\_\_\_

*For the start of school, any changes received **three-weeks prior** to the start of school, cannot be guaranteed transportation until **two-weeks after the start of school**. All requests must reside within the zoned school to be eligible for transportation (that includes shared custody and daycare).*

Please forward your request to the Transportation Department upon completion - Fax: 804-966-8598, or you can email the form to: [NkcpsTrans@nkcps.k12.va.us](mailto:NkcpsTrans@nkcps.k12.va.us). Please do not fax **and** email.

Office Use Only:

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