

TANGIPAOA PARISH SCHOOL SYSTEM
TRANSPORTATION SPECIAL REQUEST FORM

Please fill out the entire form STUDENT INFORMATION Regular Magnet M to M

Home Address

Student Name: _____
(Last) (First) Homeroom Teacher

Home Address: _____
(House No.) (Street/Road) (City, State, Zip)

Request Date: _____ Home Phone: _____ Work Phone: _____

School: _____ Requested By: _____ / _____
(Name) (Relationship)

Bus Number your child is currently scheduled to ride: _____ Grade of Student _____

SPECIAL REQUEST TRANSPORTATION INFORMATION

Request Service to: Baby-sitter Day Care Center Relative
 Other Specify: _____
 A.M. P.M. BOTH (a.m./p.m.)

Date to Begin: _____ Bus No. _____

Name of Person at Establishment Responsible for the child: _____

New Address: _____
(House No.) (Street/Road) (City, State, Zip)

Relationship to the Child: _____ Phone: _____

Additional Information: _____

Alternate Address

Parent/Guardian Signature

.....
To be completed by the TPSS Transportation Department.

REQUEST DENIED REQUEST APPROVED
 Bus Seating Capacity Full
 Outside School Attendance Area ASSIGNED TO DRIVER/BUS NO. _____
 Other Specify: _____ Coordinator Signature _____

.....
TO BE COMPLETED BY SCHOOL Received by: _____ Date _____

*****This request will only be considered for the current school year*****

Copy: Student's File, Bus Driver's File, Parent/Guardian, Bus Driver
Each request is to be submitted to the Transportation Department for approval five (5) days
before service is to begin.

Special transportation requests will be considered on a "space available basis."

Transportation Department Email: bus@tangischools.org

Parent and Student Bus Policy Acknowledgment Form

Student's Name _____ Bus Number _____

School _____ Grade _____

I have read and understand the Tangipahoa Parish School System's Student/Parent Handbook section, "Safe Procedures for School Bus Riders" and agree to cooperate with these procedures for the safety and well being of all riders.

Signature of Parent or Guardian _____

Signature of Student _____

Bus Assignment Address

**** The Transportation Department must have the official and complete 911 address of the home where the student lives to assign the closest bus stop and the correct bus route.**

Addresses in the city limits of Amite, Hammond, Independence, Kentwood, and Ponchatoula are two or three digit addresses. Addresses outside the limits of the previously noted cities must contain a five digit number. Call the office of Emergency Response at 748-8981 if you are not positive of your five digit 911 address.

*City Address Sample: 199 N 11th Street * Rural Address Sample: 12173 W Rainey Street*

911/Bus Address** _____ Apt. # / Lot # _____

Mailing Address _____ Apt. # / Lot # _____

City, State, Zip Code _____

Home Phone (____) _____ Parent's Work Phone (____) _____

Bus Driver Emergency Data

The driver will use this information in case of a bus-related emergency.

Person to be notified _____ Relationship to student _____

Phone (____) _____

Person to be notified _____ Relationship to student _____

Phone (____) _____

Return this form to your Bus Driver