



TANGIPAHOA 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

ELC

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

Alternate Address

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: \_\_\_\_\_

\_\_\_\_\_  
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 COMPLETED BY SCHOOL** Recieved 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 11<sup>th</sup> 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**