

STRAWBERRY CASTLE PRESCHOOL

TANGIPAOHA 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

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 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