

**MESA PUBLIC SCHOOLS
TRANSPORTATION REQUEST FORM**

549 N. Stapley Drive, Mesa AZ 85203
480.472.0186 FAX 480.472.0419

<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	FILE #: _____	<input type="checkbox"/> Spanish Speaking
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Sharing District: _____	Date: _____
Sharing District's Liaison/Contact: _____	Phone: _____
Email: _____	<i>Include Area Code</i>

<input type="checkbox"/> Multiple children for one family	<input type="checkbox"/> Special Education	<input type="checkbox"/> 504	<input type="checkbox"/> Other: _____
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STUDENT: _____	ID: _____
Grade: _____	DOB: _____
	Gender: _____

Guardian: _____	Phone: _____
Alternate Contact if Available: _____	Phone: _____

PNR ADDRESS: _____	<input type="checkbox"/> Protected Address
PickUp/DropOff Location: _____	
<i>If Different than PNR Address listed above</i>	

Special Needs: _____	Seat Type: _____
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SCHOOL: _____	Phone: _____
ADDRESS: _____	Zip: _____
School Calendar Web Address: _____	

Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	Early Release Day/Time: _____
START TIME: _____	
END TIME: _____	

Sharing District Preference: <input type="checkbox"/> AM <input type="checkbox"/> MIDDAY <input type="checkbox"/> PM <input type="checkbox"/> NO PREFERENCE AT THIS TIME	
School of Origin Preference: <input type="checkbox"/> AM <input type="checkbox"/> MIDDAY <input type="checkbox"/> PM <input type="checkbox"/> NO PREFERENCE AT THIS TIME	

School of Origin Liaison: _____	Phone: _____
Sharing Transportation Contact: _____	Phone: _____
Agency Case Manager: _____	Phone: _____
Other Contact: _____	Phone: _____

<p align="center">GUARDIAN TRANSPORTATION GUIDELINES</p> <ol style="list-style-type: none"> The School District of Origin has made contact with the guardian and has received consent for both sharing districts to communicate about and set up transportation for the student named above. One form is required per student. The guardian will receive a call from both district transportation coordinators with the transportation information: route number, times, days, and start date. The guardian understands that it is their responsibility to contact both transportation offices if transportation is not needed that day, address changes, or for permanent cancellation. District transportation may be suspended after three no-shows if the transportation department is not called. The same behavior rules apply for ALL students provided district transportation regardless of housing status. Transportation may be suspended for any students displaying extreme or persistent misbehavior. The guardian must notify transportation if their student is special handling and must be met by an adult to be released off the bus. This choice requires an alternate address within 1 mile of the scheduled drop address. The driver cannot leave the vehicle. 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AM Route #: _____</td></tr> <tr><td>AM Time: _____</td></tr> <tr><td>District: _____</td></tr> <tr><td>Dispatch Ph #: _____</td></tr> <tr><td>Effective Date: _____</td></tr> <tr><td>PM Route #: _____</td></tr> <tr><td>PM Time: _____</td></tr> <tr><td>District: _____</td></tr> <tr><td>Dispatch Ph #: _____</td></tr> <tr><td>Effective Date: _____</td></tr> <tr><td>Alternate Address for Special Handling: _____</td></tr> </table>	AM Route #: _____	AM Time: _____	District: _____	Dispatch Ph #: _____	Effective Date: _____	PM Route #: _____	PM Time: _____	District: _____	Dispatch Ph #: _____	Effective Date: _____	Alternate Address for Special Handling: _____
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District: _____												
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PM Route #: _____												
PM Time: _____												
District: _____												
Dispatch Ph #: _____												
Effective Date: _____												
Alternate Address for Special Handling: _____												

I certify that the guardian has been notified of the transportation guidelines and route details provided by my school district as stated above.	Date and Time _____
Name and Title: _____	