



REQUEST FOR STUDENT TRANSPORTATION

Transportation is offered by the District to students who reside **outside the 1 mile walking area** of their home attendance area school, and to students **assigned by the District to attend a school other than the school in their home attendance area**. To notify Transportation that you wish to request transportation services for your student, please complete and return this form to your child's school office. You will be notified by the Transportation Department if you meet eligibility requirements per current State and District guidelines. Contact **Transportation at (206) 393-4277** if you have questions or concerns and for updates. Please notify Transportation, in addition to your school office, if your address or phone number changes after this form is initially submitted. Thank you

Student Name _____

Birthdate _____ Age _____

School _____ Grade _____

Date student will start school _____

Parent/Guardian _____

Date of Request _____

Home Address _____

Home Phone _____

Pick-Up Address _____

Pick-Up Phone _____

(Fill in only if different from home address – must be in your home school's attendance area)

Drop-Off Address _____

Drop-Off Phone _____

(Fill in only if different from home address – must be in your home school's attendance area)

FOR OFFICIAL USE ONLY BY THE SCHOOL OFFICE

- 1.) Kindergarten Student
- 2.) Student ID # _____
- 3.) Once you have enrolled the student in Skyward,
please forward this form to the transportation dept.

FOR OFFICIAL USE ONLY BY THE TRANSPORTATION DEPARTMENT

Student has been routed in VersaTrans Yes No

Bus Route Assigned _____ Driver Notified Yes No

Special Instructions _____

Approved by: _____ Date Completed _____