

TRANSPORTATION REQUEST

Dinwiddie County Public Schools

Dinwiddie, VA 23841

(Project HOPE)

Requester's Name:
Transportation Service Provider:
Service Provider Phone #:
Parent/Guardian (if different from above):

Student(s) Name:

First	M.I.	Last	Age/Grade
First	M.I.	Last	Age/Grade
First	M.I.	Last	Age/Grade
First	M.I.	Last	Age/Grade

Current Address:	
Phone Number:	
School:	Hours: Opens - Dismissal -
School Address:	
Pick-up Address:	
Drop-off Address:	
Special Instructions (If any):	

I, _____, am requesting transportation be provided for my student(s) by Dinwiddie County Public Schools.

As the parent/guardian of the above-named student(s), I agree to make sure my child(ren) is(are) waiting for the bus/car prior to its arrival each school morning OR I will notify the Transportation Department at (804)-469-4680, **at least within 2 hours of the pick-up time (morning & afternoon), if the bus/car is not needed.**

If for **FIVE (5) SCHOOL DAYS**, the student(s) is(are) not present at the bus/ride stop (*the car will only wait 7 minutes*) and I fail to follow-through with cancelling services within the time frames listed above, this will be considered a "No-Show"; then the bus/car will no longer come to pick-up my child(ren) and I will become responsible for making arrangements to get my child(ren) to and from school. If attendance becomes an issue at the school of origin, it will be recommended that your student(s) attend their zone school.

_____ Parent/Guardian Signature	_____ Date
_____ Homeless Liaison Signature	_____ Date

TO BE COMPLETED BY TRANSPORTATION:

Date Transportation Begins:	Time:	Date Transportation Ends:
Name of Driver:		
SIGNATURE – Director of Transportation:	Date Copy of Completed Form Sent to Dr. Joyner:	