HUNTSVILLE CITY SCHOOLS
TRANSPORTATION DEPARTMENT
School Bus Transportation “Exception” Request Form

Please read the Transportation Exception Procedures before completing this form. A separate application must be completed for each child in the family.

Student Information: Student ID: ________________________________
Student Name: __________________________________________ Date of Birth: ____________
School: ____________________________________________ Grade: __________________
Student address: If pick-up/drop off are the same only complete the a.m. section.
A.M.: ______________________________________________________________
        (Street) (City) (Zip)
P.M.: ______________________________________________________________
        (Street) (City) (Zip)

Parent/Guardian Information:
Parent/Guardian Name: __________________________________________
Parent/Guardian Address: __________________________________________
Home Phone: ______________________ Work Phone: ______________________
E-mail Address: ____________________________________________________

Reason for request:
Please explain in detail the reason you are requesting an exception to the normal guidelines for school bus transportation. (Please use the back of the page is more space is required.)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Parent/Guardian Signature:
A signature signifies that the undersigned requestor has read and understood the Huntsville City Schools Transportation Exception procedures.

Parent/Guardian Signature

Date
NOTE: This is a request form only and does not guarantee placement on a Huntsville City Schools bus. Students applying as an exception will be placed on a first come, first serve, space available basis. For further information please call Transportation @ 256-428-8352.

OFFICE USE ONLY

AM RT. ___________ AM Stop ___________ AM Time ________________

PM RT. ___________ PM Stop ___________ PM Time ________________

Eff. Date ____________

TRANSPORTATION EXCEPTION REQUEST FORM

DATE RECEIVED: _______________

Transportation Coordinator approval: ________________________________

Principal approval: _____________________________________________

Comments: ______________________________________________________

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