TRANSPORTATION DEPARTMENT

3525 John Capron Road Lynchburg, Virginia 24501 (434) 515-5100 ■ Fax: (434) 522-3785 www.lcsedu.net/departments/transportation

Transportation Request Form

Please allow up to 7 to 10 school days for your request to be processed. The Transportation Department will notify you when the request has been processed. Only the reasons stated below in #1 and #2 will require the completion of this form.

If your child has an IEP or 504 that requires special accommodations, please call the school for your transportation request as it requires a special form (SE-76). Thank you.

1 Transportation service such as a baby sitter, r	O		within the school's zone,
2 Requesting a change i	in the student's stop location	on.**(see Schoo	ol Board policy P4-64
(Please Print)			
Date: Desired S	Start Date:	School:	
Student's Name:		Grade:	_ Stu ID#:
Home Address:			
Current: Bus # (A.M./P.M.): Stop Location (A.M./P.M.):			
**If requesting a change from the stop(s) listed above (1 or 2 checked).			
A.M. Pick-up Location (address):			
P.M. Drop-off Location (address):			
Special Instructions:			-
Parent/Guardian:			
Contact Information: Phone: (H)	((W)	
(Cell)	Email:		

*Bus stops shall be located in accordance with the following criteria:

- 1. Bus stops shall be designed to pick up groups of students whenever possible.
- 2. Bus stops will be located at points of maximum safety.
- 3. Traffic and traffic patterns shall be considerations in the designation of a bus stop.
- 4. Students in grades K-5 shall not be expected to walk more than one-half mile to school or to a bus stop. Students in grades 6-12 shall not be expected to walk more than one and one-half miles to school or to a bus stop. Due to certain hazardous situations, transportation may be provided for some students who live closer to school than the limitations stated above.