



NEW STUDENT TRANSPORTATION REQUEST

Transportation Program
2018-2019

1st Language: _____ *Center Location: _____

Student: _____
(Last, First)

****Apartment Name:** _____

Pick up/Drop off Address: _____ City/Zip _____

****Contact Name/Phone:** _____

Daycare Name: _____

****Student School Time:** _____ **Student Schedule:** M T W Th F

Third Person Required: Yes No Medical Concerns: Yes No

Comments:

Requested Start Date: _____ Requested By: _____ Date: _____
Family Support Specialist

Email to: Transporequest@psed.org

If you have any routing questions, please contact your router:

Loni Storm: 253-778-7959

Or you may contact:

Lynette Rosin 253-778-7957

Please Note: requests can take up to 7 business days to be implemented.

You will be notified with start date, location and times.

Centers will be responsible for contacting families with this information.

Please make sure to let families know to be at stop 5 minutes before and 10 minutes after their designated times.

Transportation Use Only

Bus Stop Location: _____

Start Date: _____ RTE# _____ Pick-up Time: _____ Drop-off Time: _____

Student Routed: Yes No FSS Notified: Yes No Driver Notified: Yes No