

New NPS Student

Reg Ed       Alternate Pick-up  
 Spec Ed       Alternate Drop-off  
 §504       Spec Needs/Reason

## Norfolk Public Schools Request for Transportation

Current NPS Student

Reg Ed       Alternate Pick-up  
 Spec Ed       Alternate Drop-off  
 §504       Special Needs/Reason  
 Change of School  
 Change Home Address

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First MI

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Grid Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Special Ed/§504 Information**

Disability: \_\_\_\_\_ Self-contained  Yes

Current School: \_\_\_\_\_

**Alternate Pick-Up Information (41)**

Contact/Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grid Code: \_\_\_\_\_

**Alternate Drop-Off Information (42)**

Contact/Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grid Code: \_\_\_\_\_

**Special Needs/Reason(s)**

Air conditioning (AC)       Wheelchair (WC)       Harness (HAR)  
 Oxygen (OXY)       Stroller (STR)       Other \_\_\_\_\_  
 Nurse (NUR)       Car seat (CS)       Admin Placed (AP)

**Signatures**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**DSGES**

Receiving School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation**

Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Bus # \_\_\_\_\_