

**SPECIAL REQUEST TRANSPORTATION FORM**  
CENTRAL COLUMBIA SCHOOL DISTRICT  
4777 OLD BERWICK ROAD • BLOOMSBURG, PA 17815  
570-784-2850

\*\*\*\*\*

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

\*\*\*\*\*

**AFTER APPROVAL, THERE WILL BE A 3 DAY WAITING PERIOD TO IMPLEMENT THE CHANGE**

PARENT/GUARDIAN ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

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ARRANGEMENTS REQUESTED

\_\_\_\_\_  
\_\_\_\_\_

DATE TO BEGIN \_\_\_\_\_ SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_\_

1 Children may ride one bus to school and another home. Must be for 5 days a week

2 Please note that Special Request arrangements:

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Do you have sole custody of student(s)? Y \_\_\_\_\_ N \_\_\_\_\_ If no, signature of others with custody is required.

\_\_\_\_\_  
Signature

**RETURN BY JULY 15th** *This request does not guarantee approval nor will a bus route be changed for this purpose. See policy on reverse.*

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APPROVED \_\_\_\_\_ BUS # \_\_\_\_\_ APPROXIMATE PICK-UP TIME \_\_\_\_\_

DATE \_\_\_\_\_ STOP \_\_\_\_\_

\*\*\*\*\*

NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

REASON \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature Transportation Supervisor*