

LIMITED IN-PERSON TRANSPORTATION REQUEST

Mid-Columbia Bus Co. 503.623.7245

☐

New Request

☐

Change Existing Request

☐

Termination

Today's Date _____ Date Transportation Change to Begin _____

Student Name _____ D.O.B. _____

Grade _____ Student also has Special Education Transportation Request ____ Yes ____ No

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person Completing Form _____ School _____ Phone _____

Time for arrival at school/class _____ Time to be picked up from school/class _____

Check days of the week that apply M TU W TH F

Cohort (circle one) A B Special circumstances and/or request:

School Administrator Signature

Date