

Tehama County

Special Education Local Plan Area

A Cooperative Activity of the County's School Districts and Department of Education

District Request for Transportation

Fax to: 529-4134

/ /
Date of Request

District Requesting Service

Student Name

Parent/Guardian Name(s)

Home Address

City

Parent/Guardian Name(s)

Home Phone

Cell/Alternate Phone(s)

Friend/Relative (Name) authorized to receive student

The district requests transportation for the above named student to attend a
 county district program at _____ School.

Days of Attendance:

Monday

Tuesday

Wednesday

Thursday

Friday

Non Minimum Day School Hours: _____

Arrive at school by: _____

Pick up from school at: _____

Minimum Day Hours: _____

Arrive at school by: _____

Pick up from school at: _____

Directions to home: _____

Special needs or other necessary information:

wheelchair

walker

car seat

harness

cooling vest

other:

FOR TRANSPORTATION DEPARTMENT USE ONLY

Route Available

Driver Available

Vehicle/Bus Available

NO ROUTE EXISTS

TRANSPORTATION SUPERVISOR COMMENTS:

Superintendent

Date

Distribution: County Office -Transportation - Requesting District

TCDE: 3/15/2013