

REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM

In order to request reinstatement of student transportation services, please complete the following.

To be completed by the PARENT/GUARDIAN. Please print.

I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived student transportation services for my child _____
Student's Name

to and from _____ school.

As of _____, I am no longer able to transport my child due to a family or
Date

economic hardship, as defined in the _____
Local Board of Education

Transportation Waiver Policy. I therefore request reinstatement of transportation services

for the 20 ____ - 20 ____ school year. I am providing proof of my family/economic
hardship as required by the Transportation Waiver Policy.

I further understand, if approved, the reinstatement of transportation services will occur
according to the _____ policy after receipt of the
Local Board of Education
completed Reinstatement of Transportation Services Request Form accompanied by
acceptable documentation of the hardship and approval by the local board of education.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

For District Use Only

Date Request Received: _____

BOE Approval Date: _____

Date Transportation Reinstated: _____