

EAST BATON ROUGE PARISH SCHOOL BOARD  
TRANSPORTATION SPECIAL REQUEST FORM

Check if Special Education

Student Information

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(House number) (Street name) (If rural route, give name of highway)

\_\_\_\_\_  
(City) (Zip) (Phone number) (Emergency#)

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

Requested by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Special Request Transportation Address

Request Service For (check one): \_\_\_ Morning Only \_\_\_ Afternoon Only \_\_\_ Morning & Afternoon  
Request Service To (check one):

\_\_\_ Relative \_\_\_ Babysitter \_\_\_ Day Care Center \_\_\_ Other, Specify \_\_\_\_\_

Address of Special Request: \_\_\_\_\_  
(House number) (Street name) (If rural route, give name of highway)

\_\_\_\_\_  
(City) (Zip) (Phone number)

Reason for Request: \_\_\_\_\_

Is your child currently scheduled to ride a school bus? \_\_\_ Yes \_\_\_ No

If so, what is the bus number \_\_\_\_\_ and route number \_\_\_\_\_?

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( ) Request Approved Bus Number \_\_\_\_\_  
Approved by: \_\_\_\_\_  
(Transportation Supervisor) ( ) Outside home school attendance area

( ) Request Approved ( ) Resides in school walk zone  
Approved by: \_\_\_\_\_ ( ) Bus seating capacity full  
(School Principal) ( ) Not on scheduled route  
( ) In school walk zone  
( ) Other \_\_\_\_\_

( ) Request Denied \_\_\_\_\_  
Denied by: \_\_\_\_\_

**\*Special Transportation will only be provided within the student's home attendance zone or the attendance zone of the school they are attending if they are out of district.**