

**OLD FORT LOCAL SCHOOLS
TRANSPORTATION REQUEST**

I, _____, hereby request that the following
procedure be employed in the transportation of _____.

Name & grade of Students

REQUEST:

Pick Up/Drop Off Address:

Circle Days Of Transportation: AM: M T W THUR. FRI.

PM: M T W THUR. FRI. ALL

Contact Phn #.

*I recognize that failure on my part to maintain the stipulations noted in the request
will result in the student(s) being transported to or retained on the Old Fort campus
until the circumstances surrounding the incident can be resolved. I further recognize
that failure on my part to notify the district in writing of further modification requests
or the event of extenuating circumstances may result in transportation of said child
becoming my responsibility until such time as the matter is resolved.*

Signature of Parent

Date