

Shasta County Office of Education  
Transportation Department  
(530) 225-0340 Fax (530) 225-0342  
Transportation Request Form

Reg. Year \_\_\_\_\_

ESY \_\_\_\_\_

School Year

/

Date of Request: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Can student be left alone: \_\_\_ Yes \_\_\_ No

AM Pick-Up Address: \_\_\_\_\_  
If different from home address – day care, etc.

PM Drop-Off Address: \_\_\_\_\_  
If different from home address – day care, etc.

Authorized persons to receive student and/or additional information: \_\_\_\_\_

Student's Level of Service Required: \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5

(See definition in SELPA guidelines)

\_\_\_\_\_ Special Education \_\_\_\_\_ Alt Education \_\_\_\_\_ SH \_\_\_\_\_ NSH \_\_\_\_\_ LCI

\_\_\_\_\_ Wheelchair \_\_\_\_\_ Harness \_\_\_\_\_ Seatbelt Lock \_\_\_\_\_ Runner

\_\_\_\_\_ Epi-Pen \_\_\_\_\_ Inhaler \_\_\_\_\_ Diabetic \_\_\_\_\_ G-Tube

Medical Protocol in place: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Updated Medical Protocol is attached

\_\_\_\_\_ Transportation Assessment is attached

Please complete opposite side for school information and authorized signature

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School of Residence: \_\_\_\_\_ District of Residence: \_\_\_\_\_

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

\_\_\_\_\_ 180 Day Common Calendar for SCOE Transportation

\_\_\_\_\_ Additional days transported outside of the common calendar

Dates: \_\_\_\_\_

Assigned Teacher: \_\_\_\_\_

Class Times: \_\_\_\_\_ Start \_\_\_\_\_ End

The \_\_\_\_\_ School District requests and authorizes

Shasta County Office of Education to provide transportation for the above named student.

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District Superintendent or Designee

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Date

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Transportation Use Only:

Miles: \_\_\_\_\_