TANGIPAHOA PARISH SCHOOL SYSTEM
TRANSPORTATION SPECIAL REQUEST FORM

STUDENT INFORMATION

Home Address

Student Name:_____ _____
(Last) (First) Homeroom Teacher

Home Address:_____
(House No.) (Street/Road) (City, State, Zip)

Request Date:_____ Home Phone:_____ Work Phone:_____

School:_____ Requested By:_____ / _____
(Name) (Relationship)

Bus Number your child is currently scheduled to ride:_____ Grade of Student_____

SPECIAL REQUEST TRANSPORTATION INFORMATION

Alternate Address

Request Service to: { }Baby-sitter { }Day Care Center { }Relative
{✓}Other Specify: Michael J. Kenney Center
{ }A.M. { }P.M. { } BOTH (a.m./p.m.)

Date to Begin:_____ Bus No. _____

Name of Person at Establishment Responsible for the child: Chris Mouswaswa

New Address: 601 West Coleman Ave. Hammond, LA 70403
(House No.) (Street/Road) (City, State, Zip)

Relationship to the Child: Program Asst. Overseer Phone: 985-277-5905

Additional Information: Afterschool Program

_____
Parent/Guardian Signature

To be completed by the TPSS Transportation Department.

{ }REQUEST DENIED
{ }Bus Seating Capacity Full
{ }Outside School Attendance Area
{ }Other Specify:_____

{ }REQUEST APPROVED

ASSIGNED TO DRIVER/BUS NO._____

_____
Transportation Coordinator Signature

**********This request will only be considered for the current school year**********
Copy: Student's File, Bus Driver's File, Parent/Guardian, Bus Driver

Each request is to be submitted to the Transportation Department for approval five (5) days before service is to begin.

Special transportation requests will be considered on a "space available basis."