TANGIPAHOA PARISH SCHOOL SYSTEM
TRANSPORTATION SPECIAL REQUEST FORM

STUDENT INFORMATION (Please Complete + Sign)

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: Hammond Rec Dept.
{ }A.M. { }P.M. { } BOTH (a.m./p.m.)

Date to Begin: ___/___/___ Bus No. _____

Name of Person at Establishment Responsible for the child: _____

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

Relationship to the Child: _____ Phone: 985-277-5905

Additional Information: Afterschool Program

_____
Parent/Guardian Signature

To be completed by the TPSS Transportation Department.

{ }REQUEST DENIED { }REQUEST APPROVED
{ }Bus Seating Capacity Full
{ }Outside School Attendance Area ASSIGNED TO DRIVER/BUS NO. _____
{ }Other Specify: _____

_____
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."