

**TRANSPORTATION REQUEST**

BUS PASS # \_\_\_\_\_



Sign here after you have read the Policies & Procedures to signify That you agree.

\_\_\_\_\_  
(Required)

1. Child(s) Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents' Name \_\_\_\_\_

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

Parent's Contact Numbers: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

Email Address \_\_\_\_\_

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

2. School/Activity Name \_\_\_\_\_

School/Activity Address \_\_\_\_\_

School/Activity Phone \_\_\_\_\_

School/Activity Start Date (month/day) \_\_\_\_\_

School/Activity End Date (month/day) \_\_\_\_\_

Does rider request use of the lift? (Typically for riders with a wheelchair or walker) \_\_\_\_\_ (Yes or No)

3. Before School/Activity Pick-up Location Start Time: \_\_\_\_\_

Pick-up Address \_\_\_\_\_ Pick-up Phone \_\_\_\_\_

Pick-up Day: (mark all that apply) Mon Tues Wed Thurs Fri

4. After School/Activity Drop-off Location End Time: \_\_\_\_\_

Drop-off Address \_\_\_\_\_ Drop-off Phone \_\_\_\_\_

Drop-off Day: (mark all that apply) Mon Tues Wed Thurs Fri

**NOTE: All cancelations and changes MUST come through the dispatch office. Do not call your driver. If you need to cancel a ride for whatever reason and you do not notify dispatch before the start of the route, YOU WILL BE CHARGED FOR THAT RIDE. Dispatch Center: 507-634-4340 Email: rhtbus@semcac.org Fax:507-634-4339**