TRANSPORTATION APPLICATION

(To be completed by school staff, only)

SAN DIEGO CITY SCHOOLS
Transportation Services Department
4710 Cardin Street, San Diego, CA. 92111
Phone: (858) 496-8460
Fax: (858) 496-8700

SCHOOL: _____

LOCATION #: _____

SCHOOL YEAR: _____

Select one: ☐ **CURRENT YEAR** **EXTENDED YEAR:** ☐ **Intersession** ☐ **SUMMER I** ☐ **SUMMER II**

Select one: ☐ VEEP ☐ MAGNET ☐ CAPACITY ☐ NCLB/PISC ☐ CHARTER ALTERNATIVE

☐ PREGNANT MINORS/TEEN MOTHERS ☐ IN TRANSITION ☐ ALBA

_____ _____ _____ _____
(Student Last Name) ***(First Name)*** ***(MI)*** ***(Student ID#)***

_____ _____ _____ _____
(Home Address) ***(Apt#)*** ***City/Zip Code)*** ***(Home Phone)***

_____ _____ _____ _____
(Parent/Guardian Name) ***(Cell Phone)*** ***(Work Phone)*** ***(Emergency Phone)***

Additional Transportation Information:

If child needs to receive bus service on a continuing daily basis other than at the above address, please provide the information below:

AM _____ PM _____ EO _____
(Street Address) ***(Days)*** ***(Street Address)*** ***(Days)*** ***(Street Address)***

Route and stop student will use:

AM _____ PM _____ EO _____

Special Requirements (e.g. wheelchair, car seat): _____

Submitted by: _____ Date: _____