



# 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

--> PARENT SIGNATURE ACKNOWLEDGES TRANSPORTATION SERVICES MAY BE SUBJECT TO AN ANNUAL FEE<--

\_\_\_\_\_  
(Student Last Name) \_\_\_\_\_ (FI) \_\_\_\_\_ (Grade) \_\_\_\_\_ (Birth Date) \_\_\_\_\_ (Student ID#)

\_\_\_\_\_  
(Home Address) \_\_\_\_\_ (Apt.#) \_\_\_\_\_ City/Zip Code \_\_\_\_\_ (Home Phone)

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_ (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 \_\_\_\_\_ (Street Address) \_\_\_\_\_ (Days) \_\_\_\_\_ PM \_\_\_\_\_ (Street Address) \_\_\_\_\_ (Days) \_\_\_\_\_ (Street Address)

Route and stop student will use:

AM \_\_\_\_\_ (Street Address) \_\_\_\_\_ (Days) \_\_\_\_\_ PM \_\_\_\_\_ (Street Address) \_\_\_\_\_ (Days) \_\_\_\_\_ (Street Address)

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

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_