

Transportation Request Form

Form must be completed *in full* & submitted *annually*

Please choose from one of the following:

	Dual Residence	CATS	TOPS Hill L	earning Acade	emy A	ACPHS	ACPMS	ROTC	
	In-District Ope	en Enrollment (O	E requests asse	ssed 4-8 week	ks after n	new scho	ol year be	gins)	
	— Basha AMS	CYBER	EVIT (please circ	cle which loca	tion & tir	me. MAI	N or West	and AM or	PM)
_							1 01 11 636	41147111101	,
	Other								
5.			6.1	1.6					
	nt Name:								
	Homescl						tudent is in	boundary for	.)
	y address:								
	:								
	dary address (Dual r								
Phone	:	Ema	nil:						
 Please initial next to each statement indicating that you understand the following Address(es) are approved and updated with the student's school of attendance and are correct in Infinite Campus prior to submitting For safety purposes, students residing Outside of District boundaries are not eligible for busing Special program bus stops are at designated schools closest to your legal residence In-District Open Enrollment Transportation approval is based on availability & stops within a reasonable and safe walking distance from student's legal residence Approval is not guaranteed. The CUSD Transportation Department has full discretion Forms will not be processed without student's full name and ID # Bus route assignments expire upon withdrawal, transfer, address change, and/or the last day of the school year 									
Off	ice use only								
An	proved	Denied							(reason)
	proved I		am	Drop Off		nm			(reason)
	p Location		aiii	D100 011		_			
	p Location		am	Drop Off		pm			
	p Location			- p					