



Special Program Transportation Request Form

Form must be completed *in full* & submitted *annually* by June 30

Please choose from one of the following:

Basha AMS TOP ACPHS ACPMS Hill Learning Academy

Weinberg or Knox Gifted Programs EPA

Other

Date: _____ School Year: _____ School Attending: _____

Student Name: _____ *Student ID: _____

Grade: _____ Homeschool: _____ (school student is in-boundary for)

Primary address: _____

Phone: _____ Email: _____

Additional address (Dual residence): _____

Phone: _____ Email: _____

Parent signature: _____

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. _____
- 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. _____

Email this form as an attachment to: routing@cusd80.com

Office use only



Approved



Denied

_____ (reason)

Route 1 _____ Pick Up _____ am Drop Off _____ pm

Bus Stop Location _____

Route 2 _____ Pick Up _____ am Drop Off _____ pm

Bus Stop Location _____