

**LEXINGTON SCHOOL DISTRICT ONE
SPECIAL REQUEST FOR SPACE AVAILABLE TRANSPORTATION**

I request that my child(ren) be permitted to ride **SCHOOL BUS #** _____

(AM)
FROM: _____ TO: _____

(PM)
FROM: _____ TO: _____

for the remainder of the _____ / _____ school year.

I agree to withdraw my child(ren) from the school bus if space is needed to transport students with first priority on the route or the route changes.

NAME OF CHILD(REN)	AGE
_____	_____
_____	_____
_____	_____

PARENT'S SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ **WORK PHONE #** _____

SCHOOL ADMINISTRATOR SIGNATURE _____ **DATE** _____

TRANSPORTATION USE ONLY

APPROVED: { } BUS # _____

DISAPPROVED: { } _____
(REASON)

TERMINATED: { } _____
(REASON)

TRANSPORTATION SIGNATURE