

**REQUEST FOR TRANSPORTATION  
TO AND FROM  
ALTERNATE ADDRESS**

This is to request transportation for my child TO AND FROM the location indicated below. I understand that my child CANNOT ride on two different buses. District policy is one bus, one seat per child; I further understand that this service can only be offered within school zone. This service is provided five days per week, NOT on an occasional basis.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID# \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent Home #: \_\_\_\_\_ Parent Work #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Name of Alternate Address Contact: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Phone # of Alternate Address Contact: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to:  
St. Lucie School Transportation Department  
GREEN ZONE or  
RED/BLUE ZONE: 772-340-7134

**Transportation Office use only**

Bus # \_\_\_\_\_

Start Date: \_\_\_\_\_

Rider Record Completed: \_\_\_\_\_

Initials/Date