

SIBLING RIDERSHIP EXCEPTION REQUEST FORM

Special Needs Student

First Name: _____

Last Name: _____

Grade: _____ Student ID: _____

Assigned Campus: _____

Assigned Route: _____

Pick Up Location _____

AM Pickup Time: _____ PM Drop Time: _____

Sibling Student

First Name: _____

Last Name: _____

Grade: _____ Student ID: _____

Current Campus: _____

Transfer Student: Yes No

Original Campus _____

Assigned Route: _____

AM Pickup Time: _____ PM Drop Time: _____

PARENT JUSTIFICATION

Please provide a brief description of extenuating circumstances. (Continued on back)

Parent Name: _____

Contact Number: _____

Email Address: _____

EXCEPTION STATUS

APPROVED EFFECTIVE DATE: _____

NOT APPROVED REMARKS: _____

REVIEWER

NAME _____

POSITION _____

DATE _____

