

TANGIPAHOA PARISH SCHOOL SYSTEM  
TRANSPORTATION SPECIAL REQUEST FORM

Please fill out the entire form STUDENT INFORMATION  Regular  Magnet  M to M

Home Address

Student Name: \_\_\_\_\_  
(Last) (First) Homeroom Teacher

Home Address: \_\_\_\_\_  
(House No.) (Street/Road) (City, State, Zip)

Request Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ Requested By: \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Relationship)

Bus Number your child is currently scheduled to ride: \_\_\_\_\_ Grade of Student \_\_\_\_\_

SPECIAL REQUEST TRANSPORTATION INFORMATION

Alternate Address

Request Service to: { }Baby-sitter { }Day Care Center { }Relative  
{ }Other Specify: \_\_\_\_\_  
{ }A.M. { }P.M. { } BOTH (a.m./p.m.)

Date to Begin: \_\_\_\_\_ Bus No. \_\_\_\_\_

Name of Person at Establishment Responsible for the child: \_\_\_\_\_

New Address: \_\_\_\_\_  
(House No.) (Street/Road) (City, State, Zip)

Relationship to the Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

To be completed by the TPSS Transportation Department.

{ }REQUEST DENIED { }REQUEST APPROVED  
{ }Bus Seating Capacity Full  
{ }Outside School Attendance Area ASSIGNED TO DRIVER/BUS NO. \_\_\_\_\_  
{ }Other Specify: \_\_\_\_\_ Coordinator Signature \_\_\_\_\_

**TO COMPLETED BY SCHOOL** Recieved by: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*This request will only be considered for the current school year\*\*\*\*\*

Copy: Student's File, Bus Driver's File, Parent/Guardian, Bus Driver

*Each request is to be submitted to the Transportation Department for approval five (5) days before service is to begin.*

*Special transportation requests will be considered on a "space available basis."*

**Transportation Department Email: bus@tangischools.org**