

**INTERMEDIATE UNIT 1  
TRANSPORTATION REQUEST FORM  
2024 EXTENDED SCHOOL YEAR (ESY)**

**THIS FORM IS FOR IU 1 TRANSPORTATION ONLY. IF THE STUDENT IS BEING TRANSPORTED BY THE DISTRICT DO NOT SUBMIT THIS FORM.**

Student's Name: \_\_\_\_\_  
Exceptionality: \_\_\_\_\_  
Home District: \_\_\_\_\_

Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Needs: ☐ Car Seat  
☐ Booster Seat  
☐ Lift Van  
☐ Bus Matron

Parent/Guardian: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Program Information:**

Location: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Days Attending: \_\_\_\_\_

**IU1 ESY programs are all AM Sessions**

Arrival Time: \_\_\_\_\_  
Departure Time: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete if transporting to District Program**

Location: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_  
Departure Time: \_\_\_\_\_

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

Begin Transportation: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
Completed By: \_\_\_\_\_

**Transportation Department Use Only!**

Date Assigned: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Bus Matron: \_\_\_\_\_