

# TRANSPORTATION REQUEST 2019-2020

Edwardsburg Public Schools Transportation

69410 Section St. Edwardsburg, MI 49112

Phone (269) 663-2900 or (269) 663-1041 Fax (269) 663-1090 Email to: transpo@goeddie.com

Student Last Name:	Student First Name:	Grade:
Student Home Address:		Phone:

**Requested Start Date:**

<b>Must check one box below</b>	<b>AM/Pick Up</b>
<input type="checkbox"/> <b>No Transportation Services Requested</b>	Location or Name:
<input type="checkbox"/> Home	Address:
<input type="checkbox"/> Childcare/Relative	City, Zip
<input type="checkbox"/> Community Stop	Phone:
<input type="checkbox"/> Eagle Lake Shuttle Only	Comments:
	<b>SCHEDULE MUST REMAIN THE SAME EACH WEEK</b>

↑↑ **COMPLETE BOTH AM and PM** ↓↓

<b>Must check one box below</b>	<b>PM/Drop Off</b>
<input type="checkbox"/> <b>No Transportation Services Requested</b>	Location or Name:
<input type="checkbox"/> Home	Address:
<input type="checkbox"/> Childcare/Relative	City, Zip
<input type="checkbox"/> Community Stop	Phone:
<input type="checkbox"/> Eagle Lake Shuttle Only	Comments:
	<b>SCHEDULE MUST REMAIN THE SAME EACH WEEK</b>

## IN THE EVENT OF AN EMERGENCY CLOSING

Due to the large number of students in the district, if an emergency arises we are unable to personally contact parents for transportation arrangements. Your student will be transported based on your normal transportation arrangements.

**Emergency Contacts:**

**Relationship:**

**Phone:**

By my signature below, I make application for transportation services as outlined above and in accordance with EPS transportation policies. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by the EPS Transportation Department does not guarantee any service outside the guidelines stated in the EPS Transportation Student Manual or designated by school policy. I understand that if request is granted my student(s) will be picked up/dropped off at the closest designated stop to the requested address and that I/we are obligated to file a new application if we change any of the above information. All changes require a 72 business hour notification. For safety of students we recommend pick up/drop off locations are 5 days per week.

\_\_\_\_ (Initial) **Community Stops: SMC, Milton Twp, M 62, Autumn Dr**

For the safety of our students you are being provided with guidelines based on the community stop that you are requesting to use. These guidelines may be obtained from the Transportation Department. It is imperative that all families follow these guidelines. By initialing above and signing below you acknowledge that you have reviewed these guidelines and understand that failure to follow these guidelines by either yourself or your designee, will result in loss of privilege to use the community stop.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REMINDER

↓OFFICE USE ONLY↓

- A new Transportation Request must be submitted each school year
- Students are to ride their assigned buses only
- Changes are not allowed without approval from Transportation Department
- Permanent changes require a new request form and 72 business hour notice
- **Only one form per student**