



District Transportation Request Form

- My child will need transportation (if eligible)
- My child will be Parent Transport

Child's Name: _____ Desired Start Date: _____

- School of Attendance (check one):
- Carder
 - Gregg
 - C-PP Middle School
 - Smith
 - Severn
 - C-PP High School
 - Erwin Valley
 - Winfield

Morning pick up location:

Please provide name, address and phone number. (If other than home location)

Name: _____

Address: _____

Phone: _____

- Mon
- Tues
- Wed
- Thu
- Fri

Afternoon drop off location:

Please provide name, address and phone number. (If other than home location)

Name: _____

Address: _____

Phone: _____

- Mon
- Tues
- Wed
- Thu
- Fri

Parent/Guardian signature _____ Date _____

****Please allow 48 hours to process all transportation requests****

Office Use Only

- | | | |
|---|----------------|-----------------|
| ▪ Scanned to transinfo@cppmail.com | Date: _____ | Initials: _____ |
| ▪ Received by Transportation | Date: _____ | Initials: _____ |
| ▪ Eligible for Transportation | Yes ___ No ___ | Initials: _____ |
| ▪ Transportation Assigned | Date: _____ | Initials: _____ |
| ▪ Driver/Contractor Contacted | Date: _____ | Initials: _____ |
| ▪ Transportation Begins | Date: _____ | Initials: _____ |
| ▪ Parent Contacted | Date: _____ | Initials: _____ |