

**CAMBRIDGE PUBLIC SCHOOLS
SPECIAL EDUCATION TRANSPORTATION REQUEST**

-Complete all areas in RED.
-Return form via email to tfisher@cpsd.us
and mcanavan@cpsd.us; or send in with
child to their assigned school.
-Questions? Call 617.349.6862.

Today's Date

From Transportation Office **OSE**

Reason
 (Special Educ., Shelter, Special Circumstances, Med, Location)

Transaction Add **Delete**

Change of
 (Address, Phone #, AM or PM Schedule, Location etc)

Implementation Date

STUDENT INFORMATION:

Student Name

Grade Level

Home Address

Home Phone

Parent/Guardian Name(s)

Family Email Address

Emergency Contact/Phone

Emergency Contact/Phone

SCHOOL ASSIGNMENT:

School Name

Program Name

School Address

School Office Phone

Teacher & Room Number

School Schedule

	Mon	Tue	Wed	Thu	Fri
AM Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM Dismissal Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transportation Request M-F AM PM HOME TO SCHOOL - SCHOOL
 (Daily AM & PM Schedule) add any important information or change to schedule
 (P/U & D/O location)
 Special Concerns
 (Alerts, Allergies, etc.)

Person Completing Form
 (Principal, School Psychologist/Chairperson, Teacher, Parent etc.)

Approved by:

SP&R will contact the family with the bus schedule, names of driver and monitor, and vehicle information (color, license plate #, etc.)