

\* To change the route completely

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Business Services Division - Transportation Branch

REQUEST FOR SPECIAL TRANSPORTATION BY SCHOOL BUS

INSTRUCTIONS: FORM MUST BE COMPLETED AND SUBMITTED TO THE AREA BUS SUPERVISOR BY THE SCHOOL ADMINISTRATOR AT LEAST TWENTY FOUR (24) HOURS IN ADVANCE OF THE DATE REQUESTED.

Requesting School \_\_\_\_\_ School Code \_\_\_\_\_

Name of Person to be Transported \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent [ ]  
Student [ ]  
Volunteer [ ]

Telephone No \_\_\_\_\_ Grade \_\_\_\_\_

Regularly Transported Student's Name \_\_\_\_\_

To Be Picked Up At \_\_\_\_\_ School Stop [ ] Intersection Stop [ ] Home Stop [ ] Time \_\_\_\_\_

To Be Returned To \_\_\_\_\_ School Stop [ ] Intersection Stop [ ] Home Stop [ ] Time \_\_\_\_\_

Route No. \_\_\_\_\_ Trip No. \_\_\_\_\_ ABS \_\_\_\_\_ Telephone \_\_\_\_\_

Policy for Special Transportation:

- The approval of this request is contingent upon the availability of unassigned seat space on the bus.
- It is understood that the bus will adhere to established routes, stops and schedules.
- All passengers are subject to the driver's authority. It is the driver's responsibility to maintain order on the bus.
- The return trip by school bus will follow the regular schedule.
- A completed copy of this form is to be used as a temporary bus pass and must be presented to the bus driver by the passenger upon boarding the bus.
- A student transported for inter-home visitations may return on the school bus the following school day and should retain the pink copy of this request as his bus pass.

I verify that the person named on this request is a student or is a parent/guardian of a student who attends this school, and that this request is in the best interest of the student and District.

\_\_\_\_\_  
(Signature of Parent/Guardian/Volunteer) (Approval of Principal) (Date)

Distribution: Original/ABS  
Canary/School  
Pink/Passenger  
Effective for/through \_\_\_\_\_

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Business Services Administration – Transportation Branch

\* DUAL STOP REQUEST FORM

RELEASE OF RESPONSIBILITY FOR LOS ANGELES UNIFIED SCHOOL DISTRICT TO  
PICK UP/DELIVER STUDENT AT A STOP OTHER THAN THE REGULARLY ASSIGNED STOP

TO: \_\_\_\_\_ (PRINCIPAL) \_\_\_\_\_ (RECEIVING SCHOOL)

I, \_\_\_\_\_, agree to hold harmless and indemnify the Los Angeles  
(PARENT OR GUARDIAN)  
Unified School District, and its officers, employees or anyone acting for the District, legally, financially or  
otherwise as against all injury or other damage incurred by me or my child as a result of the District  
permitting my child.

\_\_\_\_\_ I.D.# \_\_\_\_\_  
(STUDENT'S NAME)

to board the school bus at \_\_\_\_\_  
PICKUP LOCATION

Route# \_\_\_\_\_, Time: \_\_\_\_\_, A.M. and/or leave the bus at  
\_\_\_\_\_, Route# \_\_\_\_\_, Time: \_\_\_\_\_ P.M.  
(DROPOFF LOCATION)

Effective \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE DATE

This dual stop will be used on the following days (e.g., 1<sup>st</sup> / 3<sup>rd</sup> Wed. or Mon./Thurs. only etc.)

\_\_\_\_\_  
Day(s) of week assigned

With this request, I confirm that my child does not require extra supervision at the dual stop location.  
I take full responsibility for my child's safety before he/she boards the bus and after he/she leave the  
bus at the dual stop location.

This request is made with my agreement to the conditions stated above and my understanding that  
the District is not obligated to provide a dual stop for my child and that such dual stop is an exception  
to the rule of having a single regularly assigned stop for each student.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN) Date: \_\_\_\_\_

\_\_\_\_\_  
(PRINCIPAL'S SIGNATURE) Date: \_\_\_\_\_