NEBO SCHOOL DISTRICT BOARD OF EDUCATION
Exhibit

FILE # EEABA-E2

NEBO SCHOOL DISTRICT

REQUEST FOR SPECIAL TRANSPORTATION CONSIDERATION

DATE _____ TELEPHONE NUMBER _____

PARENT'S or GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF STUDENT(S) INVOLVED IN REQUEST _____

_____

SCHOOL ASSIGNMENT OF STUDENT(S) _____

GRADE ASSIGNMENT OF STUDENT(S) _____

PRESENT BUS DRIVER OR BUS NUMBER (if applicable) _____

STATEMENT OF REQUEST:
(List all pertinent information. Use back of this sheet, if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

For District Use Only

District Routing and Approval Schedule

	Approval	Disapproval	Date
Transportation Advisory Committee			
Supervisor of Transportation			
Director of Operations			