Richland County School District One
School Bus Transportation Request Under 504

Date of Request: _________________________

Type of Request
Initial Request  Change of Address  Change of School  Cancel Transportation  Annual Update

New 504 Qualified Student Data – Request for Transportation
(Complete all Information)

Student Name: _______________________________________________________________________________
Address: ________________________________________________________ City: ___________ Zip: _________
Parent/Guardian: __________________________________________________ Home Phone: ________________
Emergency Contact: _____________________________________________________ Phone: _______________
AM Pick Up:______________________________________ PM Drop Off: _________________________________

It is the responsibility of the parent/guardian to assure safe delivery and receipt of students from bus stops.

___________________________________________          ________________________________
(Parent/Guardian’s Signature)           (Date)

Please return this application with your Enrollment Form.
Note: School Bus Transportation Service is not assured without this application.

504 Qualified Program Official Use Only

Attending School:________________________________________________   Grade:________________________
Zoned School:_________________________________________________________________________________

Upon receipt and completion, forward one copy to your local STS office for transportation approval and assignment.
STS Personnel will forward a facsimile copy to the school for record.

_________________________________________________                  ___________________________
(School Representative/Data Base Coordinator Signature)   (Date)

STS Use Only

Bus Rt.:_______________________ Driver:________________________________________________________
Assigned Bus Stop:______________________________________Effective Date: ________________________
Comments: ___________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

____________________________________________  ___________________________________
(STS Authorized Signature)     (Date)

Copies:  1) School _____
        2) Bus Driver _____

STS Form – 07/17/02