

Give East / Give West Transportation Request

 ${\bf Email\ to: transportation.customer.service.special.needs@gcpsk12.org}$

All fields must be completed for transportation to be routed.

Please be aware that requests may take up to 10 business days to process.

Please Check: ☐ New Request ☐ Revised Request

AM Transportation: Students must have their own transportation to their home high school in the morning. Students are picked up and transported to the Give Center. PM Transportation: Students are transported from the Give Center to their home or alternate address. Transportation services are not provided for Give Center students on permissive transfer, those who fulfill their suspension term but remain at the Give Center, or those attending a Give Center outside of their home school boundary. Students will be transported on either a Special Education Bus or Regular Education Bus, based on resource availability.

This form is good for the 2023-24 school year only.

This joint is good for the 2025-24 school year only.		
Student Name		
Date of Birth		Grade (use rising grade, if submitted over the summer)
Student ID Number		
Home School		
Attending School	☐ Give East ☐ Give Wes	t
Home Address	Street: City:	State: ZIP:
□AM & PM □AM ONLY □PM ONLY	AM Pick-up Location (Student's H	ome <u>High School</u>)
Parent(s) First and Last Name(s)		
Parent(s) Contact Number(s)		
Emergency Contact Name and Relationship		
Emergency Contact Number		
Date of Give Center Orientation (Orientation must be completed prior to transportation start date)		
Name and Signature of School Staff Member Submitting Request	If signing electronically: I understand that typing my name in this fie	d and checking this box constitutes a valid signature (required). \Box
School Staff Member Email Address		
School Staff Member Phone #		
Date Submitted to Transportation		