SCHOOL YEAR

2023-2024

Shasta Union High School District
Redding School District
Transportation Department
(530) 646-3000 Fax: (530) 225-8470

Transportation Request

**Request may take 3-7 school days to schedule*

Date of Request:	SDC: ☐ Yes ☐ No

School Attending:		Sex:	Date of Birth:
Student Name:		Grade:	Start Date:
Home Address:			
Home Phone:	Cell Phone:		Work Phone:
Parent/Guardian:		Parent/Guardian:	

Alternate Contact Person:	Phone:
Alternate Contact Person:	Phone:

Does student require adult present at bus stop: ☐ Yes ☐ No

AM Bus stop: ☐ Yes ☐ No PM Bus stop: ☐ Yes ☐ No

Bus Stop Comments:

Confidential Emergency Health Information

Medical Protocol in place: ☐ Yes ☐ No *If yes please attach updated Medical Protocol

Medical History (check all that apply and describe under the comments section)

☐ ADHD	☐ Cerebral Palsy	☐ Seizures
☐ Anxiety/Depression	☐ Diabetes	☐ Severe Allergies**
☐ Asthma	☐ Heart Condition	☐ Vision Concern
☐ Autism	☐ Hyperventilation	☐ Other:
☐ Bleeding Disorder	☐ Orthopedic Concern	

Comments:

Allergies (list all that apply)

Cause of allergy: Medication/Treatment:

Requested By:	Date:

****This is to be reviewed and approved by the Transportation Department prior to boarding the bus****

Stop Location:	Bus:	AM Stop Time:	PM Stop Time:
Authorized By:		Approval Date:	