

# Manchester Public Schools Transportation Request Form

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<b>Check all that apply:</b> <input type="checkbox"/> Special Education <input type="checkbox"/> Medical/504 <input type="checkbox"/> Homeless <input type="checkbox"/> DCF Placement <input type="checkbox"/> School Change <input type="checkbox"/> Address Change <input type="checkbox"/> New Student <b>Check one:</b> <input type="checkbox"/> Current School Year <input type="checkbox"/> Next School Year <input type="checkbox"/> Summer
Student Name: _____ School Attending: _____ DOB: _____ Student ID: _____ Grade: _____ Preferred Start Date: _____ End Date: _____ Parent(s) Name: _____ Primary Phone: _____ Other Phone: _____
<b>What kind of transportation does this student need?</b> <input type="checkbox"/> Full Sized Bus <input type="checkbox"/> Mini Bus <input type="checkbox"/> Mini Van <input type="checkbox"/> Lift Bus (Wheelchair only)
<b>What kind of stop does this student need?</b> <input type="checkbox"/> Door to door <input type="checkbox"/> Corner stop (end of street)
<b>Does this student need a vehicle restraint?</b> <input type="checkbox"/> No <input type="checkbox"/> Seatbelt <input type="checkbox"/> Car Seat <input type="checkbox"/> Harness <input type="checkbox"/> Other: _____
Hours/Days: _____ Home Address: _____ Pick-up/Drop-off address: _____ If the pick-up address is a daycare, write daycare name**: _____ <b>**Daycare form must be attached if student needs daycare transportation**</b>
Serious allergies/medical conditions/other: _____ _____ _____
<b>Today's Date:</b> _____ <b>Submitted By:</b> _____

## FOR TRANSPORTATION OFFICE USE ONLY

Vendor Confirmation	
Name of Vendor: _____	Effective Date: _____
Vehicle to School: _____	Vehicle Home: _____
Stop: _____	Stop: _____
Pick-Up Time: _____	Drop-Off Time: _____
Comments:	