Manchester Public Schools
Transportation Request Form

Transportation Coordinator: Joanne Hebert
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Check all that apply: ☐ Special Education ☐ Medical/504 ☐ Homeless ☐ DCF Placement
☐ School Change ☐ Address Change ☐ New Student
Check one: ☐ Current School Year ☐ Next School Year ☐ Summer

Student Name: _____ Preferred Start Date: _____ End Date: _____
Student ID: _____ Grade: _____ School Attending: _____ DOB: _____

What kind of transportation does this student need?
☐ Regular sized bus ☐ Mini bus ☐ Mini van ☐ Lift Bus (Wheelchair only)
What kind of stop does this student need? ☐ Door to door ☐ Corner stop (end of street)
Does this student need (check all that apply) ☐ Carseat ☐ Harness ☐ Other: _____

Hours/Days: _____
Home Address: _____
Pick-up address: _____
Is this address a daycare? If yes, enter daycare name**: _____

****Daycare form must be attached if student needs daycare transportation****

Serious allergies/medical conditions/other:

Today's Date: _____ Submitted By: _____

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: