

**TRANSPORTATION ELIGIBILITY
HARDSHIP REQUISITION**

DATE : _____

<u>NAME OF STUDENT(S)</u>	<u>GRADE</u>	<u>SCHOOL WILL BE ATTENDING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN

NAME: _____

PHONE: _____

ADDRESS: _____

Transportation Eligibility Guidelines for USD 308 states, that all students within walking distance from their assigned school cannot ride the bus.

Please give reasons for the hardship in your case and explain any other assisted programs in which you are involved.

PARENT/GUARDIAN SIGNATURE: _____

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OFFICE USE ONLY

REQUEST ACCEPTED: _____

REQUEST DENIED: _____

COMMENTS: _____

SIGNATURE: _____
Exec. Director of Operations
Support Services
USD 308

SIGNATURE: _____
General Manager
Durham School Services