



Truancy Intervention

Children in Transition

Re-Engagement

Family Resource Centers

## Children In Transition Transportation Request 2022/2023

Date: \_\_\_\_\_ School Name: \_\_\_\_\_

1. Student Name \_\_\_\_\_ Student School ID Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Bell start Time/Bell end Time: \_\_\_\_\_ / \_\_\_\_\_

2. Student Name \_\_\_\_\_ Student School ID Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Bell start Time/Bell end Time: \_\_\_\_\_ / \_\_\_\_\_

School Advocate Name & Phone#: \_\_\_\_\_ / \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact & Phone# \_\_\_\_\_ / \_\_\_\_\_

Pickup Home Address: \_\_\_\_\_

Drop Off Home Address: \_\_\_\_\_

Before or After school Programs: \_\_\_\_\_

Student Medical Info/Behaviors we should know about: No

If yes, please explain: \_\_\_\_\_

This form *must* be emailed directly to Rachel Espin at [Rachel.espin@washoeschools.net](mailto:Rachel.espin@washoeschools.net)

And [Gina.Gandolfo@washoeschools.net](mailto:Gina.Gandolfo@washoeschools.net)

Does this student require car seat? No:  Yes:

Does this student carry an IEP? No:  Yes:

**CIT Program Internal use only**

Infinite Campus	Van Transportation Date:
RTC Bus Passes: Yes No	
In-Lieu Of: Yes No	