|  |  |
| --- | --- |
| Transportation | Northshore  School District |
|  | Administrative Center  3330 Monte Villa Parkway  Bothell, WA 98021  Dispatch: 425-408-7900 |
|  |

# **2019-2020 Satellite Programs Transportation Form**

# *Transportation is only provided during periods 1-6.*

# *This form is for the 2019-2020 school year only and* ***does not*** *guarantee a bus ride.*

**PART A**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Student is Registered @ for 2019-2020 School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Student will be using district transportation for Satellite Programs *(continue with Part B)*

Parent/Guardian signature (**required**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Student will not be using district transportation for Satellite Programs

Parent/Guardian signature (**required**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B**

Title of Satellite Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Satellite Program Location/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period (please circle): **1-2** **1-3** **4-6** **5-6** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation **is not provided** for classes less than 2 class periods in length.

Special Equipment Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PARENT/GUARDIAN SIGNATURE IS REQUIRED TO BE CONSIDERED)**