



Children In Transition Transportation Request 2024/2025

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

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	