



Lufkin I.S.D.

Transportation Department

School Year _____

Trans Office Use Only
Home RT# _____
Shuttle Rt # _____
Completed _____
Initial: _____

Shuttle Request

- Regular School Year
- Summer School (Please submit completed for to Transportation@lufkinisd.org)
- ESL

Student Name: _____

ID#: _____ **Grade:** _____ **Campus Attends:** _____

As the legal guardian of the mentioned above, I give Lufkin I.S.D. permission to transport my student to / or from the following alternate destination. Select all that apply:

AM Pick Up

Campus: _____

HOME

PM Drop Off

Campus: _____

HOME

Boy's & Girl's Club

AM Daycare:

Address:

Phone #:

PM Daycare:

Address:

Phone #:

Legal Guardian: _____
(Please Print)

Guardian Signature: _____

Note: Students will **ONLY** be transported to the Home Address listed in the school districts student file data base. The exception only applies when this form is filled out completely and approved by transportation for the above listed location. Only one exception per AM and one exception per PM will be permitted per student. Each student needs their own form completed and approved. This ridership is a privilege, and any behavior concerns will result in loss of that privilege and may even result in a suspension from all buses in the district. Thank you for your support and understanding!

TRANSPORTATION PHONE NUMBER: 936-634-6516