

Savannah-Chatham County Public School System – Transportation

10 Interchange Ct.
Savannah Ga. 31415
Phone (912) 201-5591/ Fax (912) 201-5595

**Transportation Exception to Policy
Request Form**

Log # _____

Date: _____

Student Name: _____

School: _____ Grade: _____ Program: _____

Residence: _____

Parent/Guardian name: _____

Home Phone: _____ Work Phone: _____

Existing Stop Location: _____

Parent Signature: _____

Requests must be renewed each year

Reason for stop request: (please check off the information that applies)

Hardship request: Medical [] Safety [] Other [] _____

Out of Attendance Area: NTZ [] Other [] _____

Temporary Stop: [] AM [] PM Date(s) From: _____ To: _____

Other: _____

School Request- Authorized by Principal- [] Yes [] No

Principal Signature: _____

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Routing Office: Able to Accommodate [] Unable to Accommodate []

Route: _____ Run Id: _____ Stop Time: _____

Stop Location: _____

Existing Stop [] **Space Available** []

Routing Office Signature: _____

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Executive Director Signature: _____

Support Services- Authorized by Tammy Perkins [] Annette Ling [] Other []

Signature: _____