

**LUZERNE INTERMEDIATE UNIT #18**  
**TRANSPORTATION DEPARTMENT**  
**REQUEST FORM**  
**FAX #: (570) 718-1346**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Other pick up and drop off address (Daycare, Responsible Adult, etc.)**

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Exceptionality:  Regular Education  Special Education  Alternative Education  
 Homeless/Displaced  Other (specify): \_\_\_\_\_

*\*Below please check the appropriate box for additional requirements\**

School Assignment: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Dismissal: \_\_\_\_\_ Days of Attendance: \_\_\_\_\_

AM/PM TRANSPORTATION  AM ONLY  PM ONLY

**Special Requirements:**

Aide  Wheelchair Lift  Car Seat  Booster Seat  Other (specify) \_\_\_\_\_

Referred By: \_\_\_\_\_