



Cupertino Union School District
TRANSPORTATION REQUEST/CHANGE FORM

- Parent:
- Complete for initial transportation services and/or any time there is a change in transportation requests and return to CUSD Pupil Services Department.
 - You will be contacted by the CUSD Transportation Department with your child's transportation schedule.
 - Transportation is provided within Cupertino Union School District boundaries only.

- Secretary:
- Once completed, make a copy for the student's teacher and send the original to Pupil Services Department.

DATE: _____

Student Information (please print)

_____	_____	_____	_____
Student Last Name	Student First Name	Date of Birth	Grade
Address: _____			
_____	_____	_____	_____
Number	Street Name	City	Zip Code
_____	_____	_____	_____
Mother's Name	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
Father's Name	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____

Transportation Information

New School:	Previous School:	Teacher:	New Placement? Yes No
School Start Time:	School End Time:	Late Start (if applicable): Circle Day: M T W Th F Time:	Early Release (if applicable): Circle Day: M T W Th F Time:
Pick-up Address A.M.:			Additional Comments:
_____	_____	_____	
Number	Street Name	City Zip Code	
_____ Home _____ Daycare: (name) _____ (phone) _____			
Drop-off Address P.M.:			Additional Comments:
_____	_____	_____	
Number	Street Name	City Zip Code	
_____ Home _____ Daycare: (name) _____ (phone) _____			

Request completed by: _____ Parent Teacher/Staff

FOR DISTRICT OFFICE USE ONLY: Approved by: _____ Date: _____ Comments: _____ _____
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