

## Transportation Services

Phone: 480-575-2080 Email: PNelson@CCUSD93.Net

## **Exception & Drop Off Release Request 2023-2024**

Student's Name:	School:	
Student's Address, City, Zip:		
I request that the student shown above be allow other than their regularly assigned stop on their request are:		
Student is in a "Dual" household	Other, please explain	
Exception Request Route #:	Exception Request Stop:	
DROP OFF RELEASE:		
Student must be met at the Bu	<u>us</u>	
Student is assigned to Bus#:Stop Location:		
Please provide the names, relationship child at the bus stop.	s, and phone numbers of EVERY	ONE who is authorized to meet your
Name:	Relation:	Phone #:
Name:	Relation:	Phone #:
Name:	Relation:	Phone #:
Parent / Guardian Name: Print:	Signature:	
Parent / Guardian Phone #:	Email:	
OR		
		stop and I take full responsibility for
Parent/Guardian (Print)	Parent/Guardian (Signatur	e) Date