



## TRANSPORTATION DEPARTMENT

### Highly Capable Self-Contained Transportation Request

Today's Date \_\_\_\_\_

*Dear Parent or Guardian,*

*To arrange transportation for your child to either Oakbrook or Rainier, provide the following information:*

Is your child new to the Highly Capable program, or is this just an address change?

Assigned School for Highly Capable Services

Have you already registered your child at this school?


*Note: If you have not yet registered your child at the assigned school, please do so before submitting this form.*

#### STUDENT INFORMATION

Student Name		ID #	
Date of Birth		Home #	
Parent/Guardian Name		Work #	
Home School		Grade	
Current Address		Name of Apts	
City		ZIP	
Emergency Contact		Phone	
Relationship		Notes	

#### PICK UP (if different than Current/Temporary Address, such as daycare or babysitter)

Address		Name of Daycare, Etc.	
City		Zip	
Name of Responsible Adult		Phone #	

#### DROP OFF (if different than Pick Up)

Address		Name of Daycare, Etc.	
City		Zip	
Name of Responsible Adult		Phone #	