

Hopewell Services

Transportation Request

Date of Submission _____ District# _____ Submitted by _____

Student's Name _____ DOB _____

Student's Address _____

Primary Contact _____ Phone Number _____

Secondary Contact _____ Phone Number _____

Additional Number _____ Additional Number _____

Emergency Contact _____ Phone Number _____

Relationship to Student _____

Aide YES NO
Harness YES NO Size: S M L XL
Car Seat YES NO
Booster Seat YES NO
Lift Bus/Van YES NO
Medical Plan (If yes, please attach) YES NO

Route Information

Pick-up address _____

Drop off address _____

School _____

*Please attach a copy of
the school's academic
calendar

School Address _____

Start Date _____ End Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
School Start Time					
School End Time					

School Contact: _____

Additional information: _____

This is a new student.

Please e-mail all requests to the CASE Transportation Coordinator mklaric@casedupage.com