



Chandler Unified School District

Transportation Request Form

Chief Hill Learning Academy

Date _____ School Year _____

Student's Name: _____ *Student ID# _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Grade: _____ Date of Birth: ___/___/___ Home Phone: (____) _____ Sex: ___M ___F

Parent/Guardian Name: _____ Phone #: (____) _____

Parent/Guardian Name: _____ Phone #: (____) _____

Email address: _____

Emergency Contact: _____ Phone: _____

***Transportation requests cannot be processed without a student ID#**

Request form needs to be submitted annually

Please return to:

Chandler Unified School District Transportation Dept.
3750 S. Centre Pointe Pkwy
Chandler, AZ 85249

or Save document and attach to Email:
Routing@cusd80.com

For Office use only:

Route # _____

Stop Location: _____

Pick-up Time: _____

Drop off Time: _____

Please have your student at the bus stop 10 minutes prior to the scheduled pick-up time