



Transportation Request Form

for

Open Enrollment and Special Requests

(Form must be submitted annually ♦ Approval based on seating availability)

Open Enrollment

Dual Stops (two residences)

Other _____
Reason

Date: _____ **School Year:** _____

Student Name: _____ **Student ID:** _____

Grade: _____ **School of Attendance:** _____

Primary Address: _____

Parent/Guardian Name: _____

Home Phone: _____ **Other Phone:** _____

Email: _____

Requested bus stop location if known: _____

Secondary Address: _____

Parent/Guardian Name: _____

Home Phone: _____ **Other Phone:** _____

Email: _____

Requested bus stop location if known: _____

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

Approved Denied

Route 1 _____ Pick-up _____ am Drop off _____ pm

Bus stop Location _____

Route 2 _____ Pick-up _____ am Drop off _____ pm

Bus stop Location _____