

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA)

Student Transportation Request

SY _____ / _____

PLEASE READ THE PRIVACY ACT STATEMENT AND THE INSTRUCTIONS BEFORE COMPLETING THE FORM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 2164, Department of Defense Domestic Dependent Elementary and Secondary Schools; 20 U.S.C. 921-932, Overseas Defense Dependent's Education; DoDEA Administrative Instruction 4500.02, Student Transportation Services. **PRINCIPAL PURPOSE(S):** To obtain information necessary to register students in the DoDEA school transportation system and administer school operations. The collection of student information is covered by the Department of Defense Education Activity Educational Records SORN located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/>. **ROUTINE USES:** To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml, also apply to this collection. **DISCLOSURE:** Voluntary; however, failure to provide the information may delay or cause a denial in approval of transportation services.

INSTRUCTIONS

This form is completed by the sponsor, who is a parent or legal guardian, to request transportation services for their dependent(s) at a DoDEA school. A dependent is a minor individual who has not completed secondary schooling and who is the child, stepchild, or adopted child. The information collected is used internally to assign bus routes and confirm transportation options. It is also used to ensure that DoDEA makes available the appropriate transportation staff and special services for student population. Please complete the form and return it to your designated DoDEA Student Transportation Office (STO).

SECTION I - STUDENT(S) INFORMATION

(1) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

(2) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

(3) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

(4) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

(5) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

(6) Name (Last, First, Middle) Grade (Select One (1) from dropdown) Student ESID (if known) Date of Birth (yyyymmdd)

School Name (if known)

Special Needs (SPED) (Check One (1) Box only, YES or NO)

An approved IEP with special needs transportation designation is needed to process any request for specialized accommodations

YES NO

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SECTION II - SPONSOR/LEGAL GUARDIAN INFORMATION

| | | | |
|--|--------------------------|--|-------------------------------|
| 1. Name (Last, First, Middle) | 2. Service Affiliation | 3. Rank/Pay Grade | 4. Departure Date (DEROS/PRD) |
| 5. Mailing Address (e.g., Local/APO/FPO) Required | | 6. Physical Address (Street, City, State, Zip Code, Country) Required if different from mailing address | |
| 7. Phone Number (Include Area Code or DSN) | 8. Primary Email Address | 9. Secondary Email Address | |

SECTION III - EMERGENCY CONTACT INFORMATION

The person identified in this section should be an adult who can take responsibility for the sponsor/legal guardian. This person will be contacted in case of an emergency.

| | | | |
|--|--|----------------------------|--|
| 1. Name (Last, First, Middle) | 2. Preferred Address (Street, City, State, Zip Code, Country or Local) | | |
| 3. Phone Number (Include Area Code or DSN) | 4. Email Address | 5. Relationship to Student | |

SECTION IV - ADDITIONAL INFORMATION

The section is not required, however, it is reserved for providing unstructured information related to this request. DO NOT include sensitive PII.

SECTION V - SPONSOR/LEGAL GUARDIAN CERTIFICATION

I declare under penalty of perjury that statements made by me on this form are true and complete, and that I have obtained proper authorization to release to DoDEA the Emergency Contact Information listed in Section III of this form.

| | |
|--------------|--|
| Printed Name | Signature & Date Digital or Wet Ink Signature |
|--------------|--|

TRANSPORTATION USE ONLY

| AM BUS # | AM BUS STOP | PM BUS # | PM BUS STOP | START DATE | STOP DATE |
|----------|-------------|----------|-------------|------------|-----------|
| | | | | | |

| | |
|--|---|
| School Name/Address | Transportation Official Name & Title/Pay Grade |
| Transportation Official Contact Information | Transportation Official Signature & Date |