

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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Student Transportation Request

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
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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

**DoDEA EUROPE SIGONELLA
STUDENT TRANSPORTATION OFFICE**

SCHOOL YEAR: ____/____ TODAY'S DATE: _____

BEGINNING DATE: _____ PRD / DEROS DATE: _____

STUDENT'S NAME	DATE OF BIRTH (MM/DD/YYYY)	AGE	ELEM OR MS/HS	GRADE

SPONSOR INFORMATION

NAME: _____ RATE/RANK: _____ BRANCH: _____
 WORK TELEPHONE: _____ HOME TELEPHONE: _____
 CELL PHONE: _____ EMAIL: _____

SPOUSE INFORMATION

NAME: _____ WORK TELEPHONE: _____
 CELL PHONE: _____ EMAIL: _____

PHYSICAL ADDRESS

STREET: _____ HOUSE#: _____ CITY: _____

MAILING ADDRESS

PSC _____ BOX _____ FPO, AE _____

EMERGENCY CONTACT

NAME: _____ TELEPHONE: _____

In accepting transportation for my dependents on school buses I accept responsibility for their conduct and action while passengers and understand that evidence of failure to comply with rules of conduct on buses or with the instructions of appointed bus monitors and school officials will terminate the privilege of the use of these facilities by my dependents.

SIGNATURE OF SPONSOR OR PARENT/GUARDIAN: _____

PICTURES FOR THEIR BUS PASSES ARE REQUIRED AND WILL BE TAKEN DURING TRANSPORTATION BRIEF

**** PLEASE SUBMIT THIS APPLICATION TO THE FOLLOWING EMAIL ADDRESS:**

Sigonella.SBO@DoDEA.edu



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EUROPE – SOUTH DISTRICT
SIGONELLA COMPLEX SCHOOLS



ALTERNATE ESCORT RELEASE FORM

(Please Print)

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

SPONSOR: _____ CELL PHONE: _____

SPONSOR'S SPOUSE: _____ CELL PHONE: _____

SPONSOR'S EMAIL: _____

The following individuals are authorized to pick up my K-2nd grade child(ren) in my absence:

NAME: _____ DOB: _____

RELATIONSHIP: _____

NAME: _____ DOB: _____

RELATIONSHIP: _____

NAME: _____ DOB: _____

RELATIONSHIP: _____

I am aware that my child(ren) will be taken back to the school if a designated adult is not at the bus stop when the bus arrives. I understand that any adult, including me, may be asked for a photo ID to confirm identification. If a photo ID cannot be produced, I understand my child(ren) will be taken back to the school for their safety. It is my responsibility to pick up my child(ren) from the school. I am also aware that bus riding privileges may be suspended if students are returned to the school more than twice during the school year.

Parent Name

Parent Signature

