

Kearsarge Regional School District
114 Cougar Court
New London, NH 03257

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Initial Request

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Annual

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Change

REQUEST FOR TRANSPORTATION AS A RELATED SERVICE

Student Name: _____ Date: _____

NHSEIS #: _____ School: _____ Grade: _____

Parent Name: _____ Email: _____

Home Address: _____

Telephone Home: _____
Telephone Work: _____
Cell Phone: _____

Case Manager: _____
School : _____
School Phone: _____

STUDENT TRANSPORTED TO:

Start Date: _____

School: _____

Program: _____

Contact: _____

Telephone: _____

School Days: _____

School Hours (from): _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

Address: _____

Telephone: _____

Cell phone: _____

School Hours (to): _____

STUDENT TRANSPORTED FROM: (give address if other than home and list directions.):

SPECIAL ACCOMMODATIONS REQUIRED (i.e. special type of seat belt, special assistance needed etc.):

EQUIPMENT TO BE TRANSPORTED:

SPECIAL INSTRUCTIONS/ INFORMATION FOR DRIVER:

Principal Signature: _____ Date: _____

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Director of Student Services: _____ Date: _____