

**REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM**

*In order to request reinstatement of student transportation services, please complete the following.*

*To be completed by the PARENT/GUARDIAN. Please print.*

**I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.**

I previously waived student transportation services for my child \_\_\_\_\_  
Student's Name

to and from \_\_\_\_\_ school.

As of \_\_\_\_\_, I am no longer able to transport my child due to a family or  
School of Attendance  
Date

economic hardship, as defined in the \_\_\_\_\_  
Tabernacle Board of Education  
Local Board of Education

Transportation Waiver Policy. I therefore request reinstatement of transportation services for the 20\_\_ - 20\_\_ school year. I am providing proof of my family/economic hardship as required by the Transportation Waiver Policy.

I further understand, if approved, the reinstatement of transportation services will occur according to the \_\_\_\_\_  
Tabernacle Board of Education  
Local Board of Education policy after receipt of the completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the local board of education.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For District Use Only</b>	
Date Request Received:	_____
BOE Approval Date:	_____
Date Transportation Reinstated:	_____