

# AES Transportation Request/Change Form

Name of Student:  Student Contact Number:

Name of School:  Teacher Name:

Requestor Name:  Requestor Phone Number:

Start Date:  End Date (If Known)

**Please Note:** Our drivers take lunch from 11:45 AM till 1:00 PM daily. Also, our drivers are required to be at their assigned elementary schools by 2:15PM. Please keep these things in mind when planning AES transportation services.

**Please notify transportation ASAP when student is no longer attending AES.**

**Days transportation is needed ( select all that apply)**

Monday  Tuesday  Wednesday  Thursday  Friday

Arrival Time:  Departure Time:

## Student PICKUP Information

Student Pickup Address:

Contact Phone Number:

Wheelchair Access?

Car Seat Access?

## Student DROPOFF Information

Student Pickup Address:

Contact Phone Number:

Wheelchair Access?

Car Seat Access?

Comments:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Please email this document to: Dianne Foster - [Dfoster@rmail.org](mailto:Dfoster@rmail.org) or Fax to: 803-980-2025 Attn: Dianne Foster

*Please allow up to 3 business days for request/change to be processed.*

Revised 7/31/2018