



Columbus School District
200 West School Street
Columbus, WI 53925

Special Transportation Request

Before completing this form, please contact the Building Secretary or the Director of Transportation.

Name of Student	
School	
Grade	
Location of pick up requested	
Location of delivery requested	
Specific date to BEGIN special transportation service	
Specific date to END special transportation service	
Reason for this request	
Parent/Guardian Signature	
Home Address	
Home Phone	
Work Phone	
Date	
E-Mail Address	

Please return this form to the Transportation Director
via the student's school office. Thank you.