



2025-2026

REQUEST FOR TRANSPORTATION

BASED ON A PARENT/LEGAL GUARDIAN'S DISABILITY

A new application must be submitted each year

This form must be completed by a Physician. Students in Kindergarten - 2nd grade only whose parent/legal guardian has a medical disability that substantially limits their ability to walk their child to and from school may be entitled to transportation.

TO BE COMPLETED BY PARENT

Student's Name, Grade, School, Home Address, Zip Code, ID #, Home #, Emergency #, Parent/Guardian's Name, Parent/Guardian's Date of Birth, Transport Address: AM, PM

TO BE COMPLETED BY PHYSICIAN

I have examined the above-named adult and have diagnosed them with a medical disability of:

Does the adult-patient's disability substantially limit his/her ability to walk:

1/2 mile? Y/N, 1 mile? Y/N, 2 miles? Y/N, 3 miles? Y/N

It is my professional opinion that the above adult-patient will be unable to walk the distance above from (date) to (date)

Physician's Signature, Print Name, Physician's Address, Phone #, Date Signed, Fax #

Please return completed form to:

RCSD Transportation Department Phone: (585) 336-4000
835 Hudson Avenue, Bldg. 1
Rochester, NY 14621 Fax: (585) 336-4193

Note: Transportation will not be granted for adults that are not parent/ legal guardian of the student. Incomplete applications will not be processed. **Requests take approximately 2 weeks to process.

Office Use Only Parent School Contractor

Approval's Signature Date Approved

Effective Date: Bus Assignment: