



2024-2025  
**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 - 2<sup>nd</sup> 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 \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home # \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Emergency # \_\_\_\_\_  
Student's Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
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 \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)**

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

**Please return completed form to:**

RCS D 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.

**Approval's Signature** \_\_\_\_\_ **Date Approved** \_\_\_\_\_  
**Effective Date** \_\_\_\_\_ **Bus Assignment** \_\_\_\_\_