

**2020-2021**  
**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** 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. Please note this form cannot be used to get door to door transportation service for a daycare

**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:**

\_\_\_\_\_

**Can patient 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:**

RCSD Transportation Department  
835 Hudson Avenue, Bldg. 1  
Rochester, NY 14621

Phone: (585) 336-4000

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** \_\_\_\_\_