 Form AD-1

**REQUEST FOR OUT OF ZONE TRANSPORTATION**

FOR TRANSPORTATION OFFICE USE ONLY

Date Rec’d:

Bus #: Route #

Bus Stop:

Lottery Pick: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | / | / |

|  |  |
| --- | --- |
| School: |  |

Parent/Guardian Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Last Name First Name MI

|  |  |  |
| --- | --- | --- |
|  |  |  |

Street Address City, State, Zip

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian 1  Phone Number: |  | Email: |  | Relationship: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian 2  Phone Number: |  | Email: |  | Relationship: |  |

Student Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | MI | DOB | Grade | Bus #  Requested | Bus Stop  Requested |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Per the CCSD Administrative Rule this request DOES NOT guarantee a seat on the bus, but it allows your student(s) to be included for consideration. However, a bus will not cross over into another school's boundary line and it is your responsibility to get them to the nearest bus stop of school requested as bus stops will not be altered to accommodate a specific request. If there are more students than seats - a random lottery pick of names will be conducted with no consideration to grade level or additional siblings. If your child becomes a disciplinary problem, it could result in the loss of all bus riding privileges for the remainder of the year. The Safe Rider Program will be enforced. Also, if there is an increase in riders within the established bus route which results in overcrowding, then students chosen in the lottery will lose their bus privilege in reverse order. (i.e.: the last name chosen in the lottery would be the first to lose their seat on the bus). Students approved to ride will not be eligible until written approval has been received from the Transportation Staff.

I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its current, former, and future employees, agents, or assignees (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student’s out of zone transportation, including but not limited to the rendering of emergency medical procedures or treatment.

Return **original** form to:

Rick Grisham

Executive Director of Transportation

620 South Cobb Drive

Marietta, GA 30060

*Faxed forms will not be accepted.*

Verification

The above information is accurate and I submit this request for

|  |  |  |
| --- | --- | --- |
| transportation service for my child(ren) for the |  | school year. |

Parent/Guardian (Please Print) Signature Date