ASHLAND INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION FORM

School _____ Grade _____

Student Name_____ M___ F___
Last First Middle

Student Address_____
Street City State Zip Code

1. **Will your child be riding the school bus? _____Yes _____No**
2. **If you checked "Yes", what times will he/she ride the school bus?**

_____ AM _____PM _____ Both Ways

_____ _____
Parent/Guardian Signature Date

We are required by state law to report accurate Transportation Codes for each student (KRS 157.370 Section 3). If at any time during the school year you move or your transportation needs change, please notify the school immediately and complete a new form.

Office Use Only:

In Bus #_____ Out Bus # _____

_____T1 **A pupil transported over one mile twice daily, if the transported distance to school over the shortest publicly accessible route exceeds one mile and the pupil is transported twice daily. Pupil safety should always be the top priority when considering routing.**

_____ T2 **A pupil transported under one mile twice daily.**

_____ T3 **A pupil transported over one mile once daily, if the transported distance to school over the shortest publicly accessible route exceeds one mile and the pupil is transported once daily. Pupil safety should always be the top priority when considering routing.** ***For reporting purposes, T3 aggregate days of attendance are divided evenly (50/50) between T1 and NT.***

_____ T4 **A pupil transported under one mile once daily.** ***For reporting purposes, T4 aggregate days of attendance are divided evenly between T2 and NT.***

_____ T5 **A special needs student whose Individualized Plan (IEP) lists transportation as a related service or who is receiving IEP-mandated special accommodations.** ***Students designated T5 must have this requirement clearly stated in their IEPs. Students covered by 504 Plans are not eligible to be coded T5.***

_____ NT **Non-Transported Student**