

Louisiana Special School District

TRANSPORTATION INFORMATION (225) 757-3210 (225) 757-3248 FAX

Student's Name:			LSD LSVI Address Change		
The tra	dress: e parent/guardian is res nsportation arrangemen oof of residency. Please	its and/or addres	ifying the Schoo sses and compl	eting another tran	sportation form and
1.	If the student lives in East Baton Rouge Parish , complete this section. The student will ride the local bus for LSDVI contracted with (First Student Bus Company). Arrangements will be made by this department and communicated with you.				
	First Student				
2.	If the student will ride a contacting their district/parishes that cu Ascension Parish Lafayette Parish Bu St. Mary Parish B Zachary School E The student will ride the b	arish transportation rrently transport in Bus Bus s Jus District Bus	n office to arrange clude: Eas Livingston F St. Landry F	e/confirm bus arrang et Feliciana Parish B Parish Bus Parish Bus st Baton Rouge Par	gements.) sus
 If the student meets the eligibility criteria to reside in a campus dormitory during the school we complete this section. Check the closest bus stop to your <u>RESIDENCE</u>. You will be provided specific bus stop location and times at a later date. All routes are subject to change. Seat are reserved at a first come first serve basis upon cleared medical forms. BUS ROUTES BUS STOP LOCATION 					ill be provided with the
	Lake Charles	Crowley	Jennings	Lake Charles	
	North LA	Rustin	Delhi		
	Shreveport	Bunkie	Alexandria	Shreveport	
	Southeast Louisiana Terrebonne	Laplace Thibodaux	Carrollton Houma	West Bank	Covington
5.	If the student will be transported by the parent/guardian to/from LSDVI, please complete the following: Daily transport Weekly transport Reason: My Choice				
6.			S NO		
I ag (NC info	rree to be at the bus stop star DTE: Bus stop locations are surmation to be shared with dis	ted above <u>on-time</u> as subject to change.) <i>I</i> stricts/parishes/contr	s set forth in the pre give permission fo acted companies a	r my child's demograp nd their staff for transp	hic and health
Pai	rson Completing Form: rent(s)/Guardian Signature	7 .		Date:	
	(c), c daratan digitatan			54.0	· · · · · · · · · · · · · · · · · · ·



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