CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM

STUDENT TRANSPORTATION EXCEPTION TO POLICY
HARDSHIP REQUEST
(FOR OFFICE USE ONLY)

Parent's Names: _____

Student's Name: _____

School: _____

Hardship:

☐ Medical ☐ Military Separation ☐ Moved Out of Zone

Does not Qualify:

☐ *Custody Arrangements*
☐ *Financial Problems*
☐ *Out of County Tuition*
☐ *Single Parent*
☐ *Work Hours*
☐ *Hardship Exceptions (Student Services)*
☐ *Alternative Schedule Less Than One Month*

Bus Capacity:

Bus # _____ Bus Capacity: _____ Current Ridership: _____

Bus # _____ Bus Capacity: _____ Current Ridership: _____

Recommendations:

Principal: _____ Date: _____ Time: _____
Approval: ☐ Disapproval: ☐

Transportation Manager: _____ Date: _____ Time: _____
Approval: ☐ Disapproval: ☐

Exception End Date: _____

Notes: _____

_____

_____

_____