



WALK ZONE EXEMPTION REQUEST FORM

This form is to request IPS transportation service for a student that is within the designated walk zone of their assigned school. Please provide information regarding any safety or health concerns within the walk zone. Within seven (7) business days from date of receipt, the Transportation Department will review, investigate, and make a determination on your request. Once a decision is made regarding bus service, an employee from Transportation will contact you via email and/or phone.

***All walk zone exemptions will be reviewed on a semi-annual basis.**

Parent/Guardian Name: _____

Student Name: _____ Student ID: _____

Address: _____

Email Address: _____ Phone: _____

Request: Road Safety Barrier Personal Safety Concern Other

Please provide details related to your request:

Guardian Signature: _____ Date: _____

TRANSPORTATION DEPARTMENT USE ONLY

DATE RECEIVED: _____ DATE PROCESSED: _____ EFFECTIVE DATE: _____

APPROVED [] NOT APPROVED [] REASON: _____ TO: _____