



INDYGO EXEMPTION REQUEST FORM

This form is to request IPS transportation service for a student that meets the designated IndyGo criteria of their assigned school. Please provide information regarding any safety or health concerns you have regarding riding IndyGo. 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 IndyGo exemptions will be reviewed on a semiannual basis.**

Parent/Guardian Name _____ School: _____

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 _____

Please email your completed form to: IPSTransportation@myips.org.

TRANSPORTATION DEPARTMENT USE ONLY

DATE RECEIVED _____ DATE PROCESSED _____ EFFECTIVE DATE _____

APPROVED _____ NOT APPROVED _____ REASON _____ TO _____