

Lawrence County Schools
Out of Zone Transportation Hardship Application

****Complete one form per child****

Date: _____

Note: Completion of this form does not guarantee transportation to the school requested. If approved, transportation will be granted as long as it does not overcrowd the Bus or the bus doesn't alter its normal route.

Approval of this request is for this *school year only*. If transportation is approved for this school year, preference for future years will be granted as long as it does not cause overcrowding of buses or alter routes.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Home address: _____ City: _____ Zip: _____

Name of School you are zoned for: _____

Name of School requested: _____

Address student is requested to be picked up/dropped off:

Name of Person student will be dropped off with: _____

Phone number: _____

Relationship to Student: _____

Reason for hardship request: (be specific):

****Providing false information on this form will result in automatic denial of request****

Forms need to be returned to the Lawrence County School Bus garage.

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