



**The J. Frank White Academy
of
Lincoln Memorial University
Transportation Request Form**



Request for 20___ school year

Applicant's Name _____

Parent/Legal Guardian _____

Address _____

Requested Location for pick-up/drop-off: _____

Applicant will be riding the van:

all year fall semester spring semester

I understand that students who request transportation must pay for a minimum of one semester. Vans do not pick up or drop off at locations other than the previously announced central locations. I further understand that no refunds are given for days students do not ride the van.

Parent/Legal Guardian Signature/Date