

**PORTLAND PUBLIC SCHOOLS – STUDENT TRANSPORTATION DEPT.
TRI-MET BUS TICKET REQUEST/DISTRIBUTION**

SPECIAL EDUCATION • ESL • TO/FROM SCHOOL • HIGH SCHOOL WORK EXPERIENCE • SLC-LIFE SKILL

DATE _____ SCHOOL _____ TEACHER CONTACT _____

NO. STUDENT PARTICIPANTS _____ TOTAL **WEEKLY** STAFF TICKETS NEEDED _____

PHONE # _____

MONTHLY DISTRIBUTION – COMPLETE NEW FORM WHEN ANY CHANGE

STUDENT NAME	GRADE	eSIS ID#	BIRTH DATE	TO/FROM #TICKETS PER DAY	HIGH SCHOOL WK. EXP. TOTAL # TICKETS PER WEEK	LIFE SKILLS TOTAL # TICKETS PER WEEK	HAS HONORED CITIZEN STAR CARD	START DATE	TICKETS/PASS Please circle one
1.									T / P
2.									T / P
3.									T / P
4.									T / P
5.									T / P
6.									T / P
7.									T / P
8.									T / P
9.									T / P
10.									T / P
11.									T / P
12.									T / P
13.									T / P
14.									T / P

TEACHER'S SIGNATURE: _____

SCAN, EMAIL, FAX or PONY to
transportation@pps.net; Fax # 503-916-2707