

# English Learner Department



## Cluster Bus Transportation Request Form

**This form should only be completed for students who are being transported to an ELL cluster school because their zoned school does not provide ELL services.**

Cluster School: \_\_\_\_\_ Zoned School: \_\_\_\_\_

ESL Teacher: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Bus #: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Language: \_\_\_\_\_

Name & Phone # of interpreter/friend who can relay message:

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Other Knox County Students Residing at this address:

Name	School	Relationship
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**Fax this form to: 865-594-1554**