



DISABLED STUDENT PROGRAMS & SERVICES
TRAM REQUEST
FISCAL YEAR _____

Copy of Current Student ID
 Copy of Current Class Schedule

SUMMER FALL WINTER SPRING Initial Request Change Request

Name	Mt. SAC ID #	Phone #
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Mobility-Aide Assisted ABI Permanent Temporary 1-6 Months

Medical - Other Specify (i.e., Heart, Asthma, etc.): _____

I have read the rules on reverse side, and agree to submit & clarify with the Tram driver any changes on this request.

_____ Student Signature _____ Date

DAY	TIME to PU	PICK-UP LOCATION <small>(Specify exact location i.e., North side, Lot A, etc.)</small>	DROP-OFF LOCATION <small>(Specify exact location i.e., North side, Lot A, etc.)</small>	Time of CLASS and/or DESTINATION
MON				
TUES				
				(OVER)

TRAM REQUEST
FISCAL YEAR _____

DAY	TIME to PU	PICK-UP LOCATION (Specify exact location i.e., North side, Lot A, etc.)	DROP-OFF LOCATION (Specify exact location i.e., North side, Lot A, etc.)	Time of CLASS and/or DESTINATION
WED				
THURS				
FRI				

Rules and Regulations:

- DSP&S is not responsible for student’s personal property while on the tram.
- You must keep your arms, legs, feet inside of the tram at all times.

Counselor Approval: _____

Notifying the DSP&S Office at (909) 594-5611, Ext. 4290 is a must:

1. When you are not attending school on a day you are scheduled for tram use.
2. When your schedule changes.
3. When one of your classes has been dropped.
4. When you know in advance a class has been cancelled.

Date Authorized: _____