

SPECIAL TRANSPORTATION REQUEST FORM

PLEASE FAX COMPLETED FORM TO PROGRAM COORDINATOR, DO NOT FAX TO TRANSPORTATION THE TRANSPORTATION DEPARTMENT HAS UP TO 5 SCHOOL BUSINESS DAYS TO ESTABLISH SERVICES

TEACHER COMPLETING FORM _____ DATE _____ BUS _____ TRANSPORTATION USE ONLY

PER IEP DATED _____ BEGIN SPECIAL TRANSPORTATION DISCONTINUE SPECIAL TRANSPORTATION

REASON TRANSPORTED: UNABLE TO RIDE REGULAR BUS: DUE TO A DISABILITY DUE TO PLACEMENT

SPECIAL NEEDS PROGRAM BSP CDC DD HI LS PS RES TRC-TN REHABILITATION CENTER

OTHER PROGRAM ELL-ENGLISH LANGUAGE LEARNERS VPK-VOLUNTARY PRE K 504/ORTHOPEDIC LIMITATIONS

HOME SCHOOL _____ ATTENDING SCHOOL _____

DOB _____ AGE _____ GRADE _____ GENDER: M / F DISABILITY _____

STUDENT'S NAME _____ HOME PHONE _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

MOTHER'S NAME _____ ALT PHONE _____

FATHER'S NAME _____ ALT PHONE _____

PICK UP LOCATION ADDRESS _____

DROP OFF LOCATION ADDRESS _____

DROP STUDENT WITHOUT ANYONE PRESENT

SOMEONE MUST PHYSICALLY BE AT THE BUS STOP LOCATION (SIDEWALK, MAILBOX, DRIVEWAY, ETC) LIST THE NAMES AUTHORIZED TO RECEIVE THE STUDENT AT THE BUS STOP (PLEASE PRINT)

BRACES CARSEAT HARNESS SCOOTER WALKER WHEELCHAIR

EMERGENCY CONTACTS

NAME/RELATIONSHIP _____ PHONE _____

NAME/RELATIONSHIP _____ PHONE _____

MEDICAL CONCERNS

ASTHMA DIABETES NONVERBAL SEIZURES FEEDING TUBE

HEART CONDITION HEMOPHILIAC RESPIRATORY PROBLEMS VISUALLY IMPAIRED

OTHER MEDICAL CONDITIONS OR ALLERGIES _____

INSTRUCTIONS FOR MEDICAL CONCERNS _____

OTHER BEHAVIORS OR SAFETY CONCERNS _____

SUGGESTIONS TO ADDRESS BEHAVIORS _____

PARENT/GUARDIAN SIGNATURE _____

CMCSS AUTHORIZED SIGNATURE _____

FAXED TO PROGRAM COORDINATOR SE ELL VPK 504 TRC

COORDINATOR'S NAME _____ PERSON FAXING _____