

Please Print

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(SCHOOL DISTRICT)
SPECIAL SERVICES TRANSPORTATION REQUEST
(ADDRESS, CITY, STATE, ZIP CODE)
(PHONE NUMBER) (FAX NUMBER)

NAME: TODAY'S DATE:
ADDRESS: CITY: ZIP:
HOME PHONE # WORK PHONE #:
PARENT/GUARDIAN: STUDENT NO: SCHOOL:
BIRTHDATE: GRADE: TEACHER:
EMERGENCY CONTACT: PARENT PHONE #:

NEW REQUEST CONTINUATION CHANGE CANCELLATION NOTE

PROGRAM as indicated in the IEP: Transportation to begin on:
(eligibility) (building) Arrive: (to program) Depart: (from program)

Circle all that apply
AM PM NOON

COMMENTS:

ALTERNATE ADDRESS INFORMATION

From: (complete address) (only if different from home address) City:

Caregiver Name: Phone:

IN CASE OF EMERGENCY/UNEXPECTED EARLY DISMISSAL, OR IN THE EVENT PARENTS ARE NOT AT HOME, THE STUDENT MAY BE LEFT:

Home alone or with: (Name) (Phone No.)
K-6 students may not be left alone

(Address) Must be within the (School District) Boundary

REMARKS:

CHILD'S CHARACTERISTICS, NEEDS, UNUSUAL MEDICAL PROBLEMS AND /OR SPECIAL INSTRUCTIONS - BE SPECIFIC

FOR MORE DETAILS CONTACT: (Parent)

In case of problems or concerns, please contact: Special Education Staff Member (Phone)

Transportation Requirements - Circle as Appropriate

PHOTO
REQUIRED

A. TRANSPORTATION SERVICE

- 1. General Transportation Service
2. Special Service
3. Multiple Building Service
4. No Service Required

B. MEDICAL STATUS

- 1. No Medical Emergency Condition
2. Potential Medical Emergency Condition Exists (see 'Remarks')

C. VEHICLE REQUIREMENTS

- 1. No Special Requirements
2. Lift and Wheelchair Station
3. Lift without Wheelchair Station
4. Support Seat (under 40 lbs or 4 yrs old)
5. Restraint Harness
6. Seat Belt (over 40 lbs or 4 yrs old)

D. COMMUNICATION SKILLS

- 1. Verbal
2. Verbal/Non-English
3. Sign
4. Cannot Communicate

E. DELIVER STOP LOCATION

- 1. Home Stop/Receiver Required
2. Home Stop/Unattended
3. Alternate Stop/Requires Receiver
4. Alternate Stop/Unattended
5. General Transportation Stop

F. PROGRAM INFORMATION

- 1. Full Day
2. A.M. Only
3. P.M. Only

Height Weight

I understand that this information will be shared with transportation personnel.

Parent / Guardian Signature (Date)

Approved (Special Education Administrator) (Date)