

Request

- 1
- 2
- 3
- 4
- 5

SPECIAL TRANSPORTATION FORM

AS RECOMMENDED BY IEP

(Complete: Return to Bus Garage - Fax: 335-4609)

**IMPORTANT: PLEASE COMPLETE EACH ITEM OF THIS FORM
A COPY SHOULD BE GIVEN TO THE BUS DRIVER AND TO THE EXCEPTIONAL
CHILDREN'S DIRECTOR EITHER BY THE SCHOOL OR THE BUS GARAGE**

Student Name: _____ School: _____
(must be a school/not a daycare)

Exceptionality: _____

Parents' Name: _____

Address: _____

Telephone Number: (Home) _____ (Work) _____

Emergency contact: _____

Emergency Telephone Number: _____

AM Pickup _____ PM Pickup) _____

Bus Number _____ (assigned by the Bus Garage)

**SPECIAL CONDITIONS BUS DRIVER SHOULD BE MADE AWARE OF
(i.e., SEIZURES, BEHAVIORAL ISSUES, OTHER PHYSICAL CHALLENGES)**

_____ Special Pre-K Seating
_____ wheelchair

Please attach most recent request form

Completed by

IEP Chairperson Signature

Date