THIS FORM MUST BE COMPLETED BY THE IEP CASE MANAGER PRIOR TO SPECIAL TRANSPORTATION BEING PROVIDED OR BEING DISCONTINUED. ONCE COMPLETE, PLEASE ROUTE TO ALL RELEVANT PARTIES (see list at bottom of page). UP TO FIVE DAYS MAY BE REQUIRED TO PROCESS AND BEGIN TRANSPORTATION.

**--------------------------- COPY OF IEP TRANSPORTATION PAGE MUST BE ATTACHED. ---------------------------**

**Check One: \_\_\_\_\_ Request Special Transportation \_\_\_\_\_ Discontinue Special Transportation**

SPECIAL TRANSPORTATION REQUEST INFORMATION (to be completed by IEP manager)

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Special Transportation determination was made and parent’s consent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)

Birth Date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ □ Male □ Female

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Names: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: #1 ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone: \_\_\_\_\_\_\_

PROGRAM INFORMATION

Program Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Location: \_\_\_\_\_\_\_\_\_\_\_

Program Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Days: □ M □ T □W □Th □F □To School □From School □Both

Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF DISABILITY (check all that apply)

□Medical Concern:

\_\_\_\_

□Seizures

□Vision Impaired

□Sign Language

□Hearing Impaired□Non-Verbal

□Wears Braces

□Oxygen / Ventilator

□Wheelchair

(Can be transferred to Seat)

□Emotional / Behavioral□ECSE

□Other: Modified Student Day

SPECIAL REQUIREMENTS (check all that apply)

□Infant Seat (up to 25 lbs.)

□Booster Seat (25 – 65 lbs)

□Safety Vest (S M L XL)

□Seat Belt

□Wheelchair (student

provided)

□Lift Bus (for wheelchair)

□Bus Assistant

□Other: Modified Student Day