

## TRANSPORTATION REQUEST

Related Service \_\_\_\_\_ 504 \_\_\_\_\_ Other \_\_\_\_\_

Specialist: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_

(Last)

(First)

(Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

(Directions to Home)

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Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Contract Person (other than above) in Case of Emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### INDIVIDUAL EDUCATION PROGRAM TRANSPORTATION REQUIREMENTS:

Specialized Devices / Equipment: \_\_\_\_\_

Specialized Care: \_\_\_\_\_

Medical Considerations: \_\_\_\_\_

Extended Time in Transit: \_\_\_\_\_ Care / Medication\*; Yes \_\_\_ No \_\_\_

\*Medication: If yes, County-adopted Medication Form must be attached with indication from physician for time / dosage (or letter from doctor saying same).

Physician to Contract in Case of Emergency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Location: \_\_\_\_\_

Parent / Designee at Bus Stop: A.M. \_\_\_\_\_

P.M. \_\_\_\_\_

Aide Required: Yes \_\_\_ No \_\_\_

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Transportation Information Completed By:

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**