

**EXCEPTIONAL CHILDREN'S PROGRAMS
TRANSPORTATION REQUEST**

Transportation needed (please circle) AM / PM BOTH Requested Start Date ____/____/____

Student's Name _____
Last First Middle Nickname

Sex _____ Race _____ Date of Birth ____/____/____ Grade _____

Home Address _____ Apt# or Lot# _____

City _____ State _____ Zip Code _____ Home Phone # _____

AM Pick up Address _____

PM Drop off address _____

School _____ Teacher _____ Ext _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian _____ Work # _____ Cell # _____

Parent/Guardian _____ Work # _____ Cell # _____

Emergency Contact _____ Relationship _____ Phone # _____

******* FOR OFFICE/TEACHERS USE ONLY: *******

Primary Handicap _____

List any concerns (medical, behavioral, seizures, medication, etc) the driver should be aware of:

Does the child need a lift? Other: _____ MOD Day Times: _____
(Yes) or (No)

Does **IEP** require a child safety restraint system (check one):

None Car Seat Integrated Bus Seat STAR Restraint Safety Vest (XS S M LG)

***** PLEASE SEND/FAX COMPLETED FORM TO *****

GARY BUIE OR YVONDA TROTTER IN THE TRANSPORTATION DEPT. @ 242-5791

AM pick up time _____

PM delivery time _____

AM Bus # _____

PM Bus # _____

TIMS Stop # _____

Bus Driver () Teacher ()

Parent ()