

ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

504 STUDENTS

REQUEST FOR TRANSPORTATION ON A SPECIAL NEEDS BUS

For School Year: 2017-2018

The student will attend the following session:

THIS SECTION FOR DEPARTMENT OF TRANSPORTATION ONLY

FULL DAY SCHOOL: _____

1/2 DAY A.M. SCHOOL: _____

1/2 DAY P.M. SCHOOL: _____

SESSION DAYS (Check all that apply) Monday, Tuesday, Wednesday, Thursday, Friday

DO NOT FILL IN

DAILY BUS ASSIGNMENT FOR STUDENT:

Trip 1: Bus # TO, Trip 2: Bus # TO, Trip 3: Bus # TO, Trip 4: Bus # TO

Early Dismissal Day: Bus # TO

Approved Bus Stop Location: _____

DATE OF TRANSPORTATION TO BEGIN: (Minimum of 7 school days) (Enter a specific date only)

STUDENT INFORMATION:

CONTACT INFORMATION:

First Name, Last Name, Student 6-Digit I.D. Number, D.O.B., Age, Approx. Weight, Home School

Parent(s)/Legal Guardian(s), Home Phone Number, Work Phone Number, Cell Phone Number, Emergency Contact Number(s)

Date PST/504 Team recommended Special Transportation

MEDICAL CONCERNS / OTHER COMMENTS:

Is parent required to be present at bus stop?

YES NO

Bust Stop Type

Regular Bus Stop, Special Needs Required

Approved Bus Stop Location

DO NOT FILL IN

PROGRAM INFORMATION

STUDENT APPARATUS NEEDS

PLACE PHOTO HERE

Classroom Instruction/Regular Education, 504, Other

None required at this time, Walker, Wheelchair, Oxygen, Other Special needs, Seat Belt Options: 1) Car seat, 2) 5 point harness, 3) Vest harness, 4) Other



Student Pick-up Address:

Is this pick-up address a day care provider? Yes No Name: Phone #:

Student Drop-off Address: Same as pick-up If not same:

Is this drop-off address a day care provider? Yes No Name: Phone #:

FORM DIRECTIONS:

- 1. Please fill out form completely
2. Attach photo
3. Submit original to Department of Student Services
4. Incomplete forms will be returned to PST Chairperson

Table with 2 columns: Signature (Supervisor of School Counseling, Director of Transportation) and Date.