

NEW STUDENT

CONTINUING STUDENT

REVISION STUDENT

EXITING STUDENT

**ST. MARY'S COUNTY PUBLIC SCHOOLS  
REQUEST FOR TRANSPORTATION ON A SPECIAL NEEDS BUS**

SCHOOL YEAR: 2018 - 2019

The student will attend the following session:

- FULL DAY SCHOOL: \_\_\_\_\_
- 1/2 DAY A.M. SCHOOL: \_\_\_\_\_
- 1/2 DAY P.M. SCHOOL: \_\_\_\_\_

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

**THIS SECTION FOR DEPARTMENT OF TRANSPORTATION ONLY  
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 \_\_\_\_\_

DATE OF TRANSPORTATION TO BEGIN: \_\_\_\_\_ (Enter specific date and must be minimum of seven school days)

SPECIAL NEEDS BUS CANCELLED ON: \_\_\_\_\_ REASON: \_\_\_\_\_

**STUDENT INFORMATION:**

**CONTACT INFORMATION:**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Student 6-Digit I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Approx. Weight \_\_\_\_\_ Home School \_\_\_\_\_  
 Date IEP Team recommended Special Transportation  
 Date of PST meeting to recommend Special Transportation

Parent /Guardian Name \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Emergency Contact Number(s) \_\_\_\_\_

**MEDICAL CONCERNS / BUS DRIVER INSTRUCTIONS / OTHER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUS ATTENDANT NEEDED:  YES  NO

**PARENT REQUIRED TO BE PRESENT AT BUS STOP?**

YES  NO - for-  AM  PM  BOTH

Bus Stop Type:  Regular Bus Stop  Special Needs Required

APPROVED Bus Stop Location: \_\_\_\_\_

**PROGRAM INFORMATION**

**STUDENT APPARATUS NEEDS**

**PLACE PHOTO HERE**

- Classroom Instruction/Regular Education
- COMPASS
- Gateway Program
- Head Start Program – Special Needs
- Infant and Toddler Program
- Learning Adjustment Program (LAP)
- PSEE Pre-school Special Education
- SAIL
- SLIP
- Teen Parent Program – Car seat provided by Baby Talk.
- 3 Year Old Program at GWCES/GHES
- 504
- Other \_\_\_\_\_

- None required at this time
- SAFETY RESTRAINT OPTIONS:**
  - 1) Seatbelt
    - 5 point seat belt 20 – 90 lbs
    - 3 point seat belt if available
    - lap belt if 3 point seat belt is not available
  - 2) Safety vest
  - 3) Other \_\_\_\_\_
- Oxygen
- Walker
- Wheelchair
- Other Special needs: \_\_\_\_\_



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 current IEP Services page and LRE page reflecting support for a Special Needs Bus.
3. Attach photo
4. Submit *original* to Department of Special Education
5. Incomplete forms will be returned to IEP / PST Chairperson

1. IEP/PST Chairperson	Date: _____
2. Director of Special Education	Date: _____
3. Director of Transportation	Date: _____