

NEW STUDENT

CONTINUING STUDENT

REVISION STUDENT

EXITING STUDENT

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

SCHOOL YEAR: 2019-2020

The student will attend the following session:

- FULL DAY SCHOOL: _____
- ½ DAY A.M. SCHOOL: _____
- ½ DAY P.M. SCHOOL: _____

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 _____

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

**** ON EARLY DISMISSAL DAYS, THERE WILL BE NO TRANSPORTATION PROVIDED FOR STUDENTS ON A MODIFIED TIME SCHEDULE**

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. (GMHS)
- 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: _____