

ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

504 STUDENTS

REQUEST FOR TRANSPORTATION ON A SPECIAL NEEDS BUS

For School Year: 2019-2020

The student will attend the following session:

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

THIS SECTION FOR DEPARTMENT OF TRANSPORTATION ONLY

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

Approved Bus Stop Location: \_\_\_\_\_

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

STUDENT INFORMATION:

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

CONTACT INFORMATION:

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 (0 - 60 lbs.)
2) 5 point harness 20 - 90 lbs.
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/Title and Date. Rows for Supervisor of School Counseling and Director of Transportation.