



REQUEST FOR SCHOOL BUS TRANSPORTATION (SPED)



(SPECIAL EDUCATION / EARLY CHILDHOOD)

1. Request Type: K-12 Special Ed Early Childhood Special Ed

2. Student Information

Student's Legal Name: _____

Other Name Student Goes By (if Applicable): _____

DOB: _____ Grade: _____

Street Address: _____ City: _____ Zip Code: _____

Parent/Legal Guardian Name: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact:
 Name: _____ Phone: _____

3. School Requesting Transportation

HS MS WIS CENTRAL EAST NORTH SOUTH WOHE

Disability/Medical Condition: _____ Teacher: _____ Bus #: _____

Pertinent Information / Special Advisement:

Please See Attached Documentation:

IEP Transportation Page Emergency Plan

School Bus Transportation Requirements

Seat Belt 3 Point Harness Bus Aide Wheelchair Accessible

Booster Seat Curb-to-curb other

Office Use Only: When complete, fax form to the Transportation Department at 742-6805