

## Special Education/504 Transportation Needs Request

Student Name:

Student ID#:

Date:

Address:

City:

DOB:

Current Grade:

Current School:

Zip

If Kinder      AM      PM

Case Manager:

LEA Rep/Building 504 Coordinator:

Does the student require transportation under the IEP or 504 plan?

IEP    504

What are the student needs that require transportation? Please describe in detail.

Please mark any of the following student needs that must be accommodated on the bus.

Health Care Plan

Wheelchair

Harness

Star Seat

Other: Please specify

For Office Use

Only:

Date Received:

Date Team Contacted:

Additional Notes