

ROSEVILLE AREA SCHOOLS

***Request for Consideration of Waiver of Transportation Rider Fee
Due to Disability***

School Year: _____

General Criteria: Student lives within the walking area for the school and has a documented disability that requires student to be transported to school.

Examples of Disability Documentation:

- *Individual Educational Plan (IEP)* that describes special education need for transportation,
- *School Learner Accommodation Plan* that describes need for transportation, or,
- Doctor's written statement describing disability or medical condition that requires transportation to/from school.

Procedure: *Complete information below and attach written documentation of disability that requires transportation to/from school.*

Student Name: _____ Grade: _____ School: _____

Student Address (for Transportation): _____

Description or Condition Requiring Transportation: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Cc: Parent/Guardian
Transportation Office

Submit to: Roseville Area Schools
1251 W County Rd. B2 Attn: Student Services
Roseville, MN 55113