

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

SCHOOL YEAR: 2022-2023

The student will attend the following school and session:

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

SESSION DAYS

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

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

THIS SECTION FOR DEPARTMENT OF TRANSPORTATION ONLY

- Trip 1: Bus # _____ TO _____
- Trip 2: Bus # _____ TO _____
- Trip 3: Bus # _____ TO _____
- Trip 4: Bus # _____ TO _____
- APPROVED Bus Stop Location:**
- Pick Up _____
- Drop off _____

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: _____ D.O.B.: _____

Age: _____ Approx. Weight: _____ Home School: _____

Student Pick-Up Address: _____ Student Drop-Off Address: _____

Parent/Guardian Name _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact # _____

IEP PST Date Special Transportation recommended: _____

BUS ATTENDANT NEEDED? YES NO

Disabling Condition: (I.e. ADHD, HEARING IMPAIRED, ETC.) _____

MAY STUDENT BE DROPPED OFF UNATTENDED? YES NO

IF NO, WHO WILL MEET THE BUS? _____

If Seizures, what action is required? _____

BUS STOP TYPE: REGULAR SPECIAL NEEDS

IS STUDENT CAPABLE OF WALKING TO CORNER/ INTERSECTION?
 YES NO

What Medications if any? _____

IF NO, WHY? _____

****Driver must be aware of all medication and it must be secured away from the student****

PROGRAM INFORMATION

STUDENT APPARATUS NEEDS

SPECIAL INSTRUCTIONS FOR DRIVER TO MAKE STUDENT MORE COMFORTABLE? _____

- Classroom Instruction/Regular Education
 COMPASS
 Gateway Program
 Head Start – Special Needs
 Infant and Toddler Program
 Learning Adjustment Program (LAP)
 Pre-school Special Education
 SAIL
 TIDES

- NONE
SAFETY RESTRAINT OPTIONS:
 Seatbelt
 - 5 point seatbelt 20-90 lbs
 - 3 point seatbelt if available
 Safety Vest
 Other _____
 Oxygen
 Walker
 Wheelchair
 - Electric? Yes No

- By Baby Talk – GMHS
 3 Year Old Program
 504
 Other _____

IEP/PST Chairperson	_____	Date	_____
Director of Special Education	_____	Date	_____
Director of Transportation	_____	Date	_____

FORM DIRECTIONS:

- Fill out form completely
- Submit original to Dept. of Special Education
- Incomplete forms will be returned to IEP/PST Chairperson