

☐ New Student ☐ Continuing Student ☐ Revision Student ☐ Summer Student ☐ Exiting Student

ST. MARY'S COUNTY PUBLIC SCHOOLS

SCHOOL YEAR: 2023-2024

REQUEST FOR TRANSPORTATION ON A SPECIAL NEEDS BUS

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:

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: _____

CONTACT INFORMATION:

Parent/Guardian Name _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact # _____

☐ IEP ☐ PST Date Special Transportation recommended: _____

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

If Seizures, what action is required? _____

What Medications if any? _____

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

BUS ATTENDANT NEEDED? ☐ YES ☐ NO

MAY STUDENT BE DROPPED OFF UNATTENDED? ☐ YES ☐ NO

IF NO, WHO WILL MEET THE BUS? _____

BUS STOP TYPE: ☐ REGULAR ☐ SPECIAL NEEDS

IS STUDENT CAPABLE OF WALKING TO CORNER/ INTERSECTION?

☐ YES ☐ NO

IF NO, WHY? _____

PROGRAM INFORMATION

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

STUDENT APPARATUS NEEDS

☐ 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

**SPECIAL INSTRUCTIONS FOR DRIVER TO MAKE STUDENT
MORE COMFORTABLE?** _____

☐ 504
☐ Other _____

IEP/PST Chairperson _____

Date _____

Director of Special Education _____

Date _____

Director of Transportation _____

Date _____

FORM DIRECTIONS:

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