

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

SUMMER 2023

The student will attend the following session:

THIS SECTION FOR DEPARTMENT OF TRANSPORTATION ONLY

☐ FULL DAY SCHOOL: _____

Trip 1: Bus # _____ TO _____

☐ ½ DAY A.M. SCHOOL: _____

Trip 2: Bus # _____ TO _____

☐ ½ DAY P.M. SCHOOL: _____

Trip 3: Bus # _____ TO _____

Trip 4: Bus # _____ TO _____

SESSION DAYS
(Check all that apply) ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

APPROVED Bus Stop Location:

Pick Up _____

Drop Off _____

DAYS THE PROGRAM WILL RUN: _____

SPECIAL NEEDS BUS CANCELLED ON: _____ REASON: _____

STUDENT INFORMATION:

CONTACT INFORMATION:

First Name _____

Parent /Guardian Name _____

Last Name _____

Home Phone Number _____

Student 6-Digit I.D. Number _____ Date of Birth _____

Work Phone Number _____

Age _____ Approx. Weight _____ Home School _____

Cell Phone Number _____

Emergency Contact Number(s) _____

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

☐ IEP ☐ PST Date Special Transportation recommended: _____

BUS ATTENDANT NEEDED: ☐ YES ☐ NO

Disabling Condition: (i.e. ADAH, 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

☐ SUMMER PROGRAM

☐ Other _____

STUDENT APPARATUS NEEDS

☐ None

SAFETY RESTRAINT OPTIONS:

- ☐ 1) Seatbelt
- 5 point seat belt 20 – 90 lbs
- 3 point seat belt if available
☐ 2) Safety vest
☐ 3) Other _____
☐ Oxygen
☐ Walker
☐ Wheelchair
- Electric? ☐ YES ☐ NO

SPECIAL INSTRUCTIONS FOR DRIVER TO MAKE STUDENT MORE COMFORTABLE? _____

FORM DIRECTIONS:

1. Please fill out form completely
2. Attach current IEP Services page and LRE page reflecting support for a Special Needs Bus.
3. Attach photo
4. Submit *original* to Department of Special Education
5. Incomplete forms will be returned to IEP / PST Chairperson

1. IEP/PST Chairperson	Date: _____
2. Director of Special Education	Date: _____
3. Director of Transportation	Date: _____