



**Saint Paul**  
PUBLIC SCHOOLS

A World of Opportunities

**OFFICE USE ONLY**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved/Denied \_\_\_\_\_

**APPLICATION FOR TRANSPORTATION  
SPECIAL EDUCATION BETWEEN BUILDINGS TRIP**

**COMPLETED BY** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROGRAM NAME** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**FROM** (school site) \_\_\_\_\_ **To** (instructional site) \_\_\_\_\_

**PROGRAM DESCRIPTION** Describe in detail the purpose of the trip for which between buildings transportation service is requested.

On how regular a basis will this trip occur?

Who will be providing the instruction to the students?

**I.E.P. Goals** Describe in detail the IEP goals addressed by the trip

**APPLICATION FOR TRANSPORTATION  
SPECIAL EDUCATION BETWEEN BUILDINGS TRIP  
continued**

**TRANSPORTATION SERVICE REQUESTED**

Describe in detail the transportation service requested. Include dates, Number of students, and all sending and receiving locations.

I certify that the information contained on this form is correct and understand that this information will be used as the basis for claiming state transportation aids for this transportation service.

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_