

New Student Continuing Student Revision Student Summer Student Exiting Student

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

SCHOOL YEAR: 2024-2025

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 _____ Parent/Guardian Name _____
Last Name _____ Home Phone Number _____
Student 6 – Digit I.D. Number: _____ D.O.B.: _____ Cell Phone Number _____
Age: _____ Approx. Weight: _____ Home School: _____ Emergency Contact # _____
Student Pick-Up Address: _____ Student Drop-Off Address: _____

- 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?
IF NO, WHY? _____ YES NO
What Medications if any? _____
****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
 Infant and Toddler Program
 Learning Adjustment Program (LAP)
 Pre-school Special Education
 SAIL
 TIDES

 504
 Other _____

- 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

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

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