

SPECIAL EDUCATION TRANSPORTATION REQUEST

Mid-Columbia Bus Co. • 503.623-7245



New Request **Change Existing Request** **Termination**

Today's Date _____ Date Transportation Change to Begin _____

Student Name _____ D.O.B. _____

Student Height _____ Student Weight _____ Age _____ Grade _____ Gender M F

Disabilities	Assistive Equipment	Special Conditions
<input type="checkbox"/> Intellectual Disorder	<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> Can be home alone
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Requires bussing aid Name _____
<input type="checkbox"/> Blindness	<input type="checkbox"/> Walker	_____
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Crutches/Cane	<input type="checkbox"/> Medical Protocol _____
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Torso Restraint	_____
<input type="checkbox"/> Autism	<input type="checkbox"/> Booster/Car Seat	<input type="checkbox"/> Flight Risk _____
<input type="checkbox"/> Specific Learning Disorder	<input type="checkbox"/> Cannot Climb Stairs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person Completing Form _____ School _____ Phone _____

Time for arrival at school/class _____ Time to be picked up from school/class _____

Check days of the week that apply M TU W TH F

Special circumstances and/or request:

School Administrator Signature

Date

Special Education Director

Date