

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

SUMMER 2025

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

STUDENT APPARATUS NEEDS

SPECIAL INSTRUCTIONS FOR DRIVER TO MAKE STUDENT MORE COMFORTABLE?

SUMMER PROGRAM

None

Other _____

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

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: _____