

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

**SUMMER 2026**

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: _____