PRINT

☐ New Student ☐ Continuing Student ☐ Revision Student ☐ Summer Student ☐ Exiting Student

ST. MARY'S COUNTY PUBLIC SCHOOLS

SCHOOL YEAR: 2026-2027

REQUEST FOR TRANSPORTATION ON A SPECIAL NEEDS BUS

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:

First Name _____

Last Name _____

Student 6 – Digit I.D. Number: _____ **D.O.B.:** _____

Age: _____ **Approx. Weight:** _____ **Home School:** _____

CONTACT INFORMATION:

Parent/Guardian Name _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact # _____

Student Pick-Up Address: _____ **Student Drop-Off Address:** _____

☐ **IEP** ☐ **PST** **Date Special Transportation recommended:** _____

Disabling Condition: (I.e. ADHD, HEARING IMPAIRED, ETC.) _____

_____

If Seizures, what action is required? _____

_____

What Medications if any? _____

Driver must be aware of all medication and it must be secured away from the student

BUS ATTENDANT NEEDED? ☐ **YES** ☐ **NO**

MAY STUDENT BE DROPPED OFF UNATTENDED? ☐ **YES** ☐ **NO**

IF NO, WHO WILL MEET THE BUS? _____

BUS STOP TYPE: ☐ **REGULAR** ☐ **SPECIAL NEEDS**

IS STUDENT CAPABLE OF WALKING TO CORNER/ INTERSECTION? ☐ **YES** ☐ **NO**

IF NO, WHY? _____

PROGRAM INFORMATION

☐ **Classroom Instruction/Regular Education**
☐ **COMPASS**
☐ **Gateway Program**
☐ **Infant and Toddler Program**
☐ **Learning Adjustment Program (LAP)**
☐ **Pre-school Special Education**
☐ **SAIL**
☐ **TIDES**
☐ **HIGH ROAD**
☐ **504**
☐ **Other** _____

STUDENT APPARATUS NEEDS

☐ **Oxygen**
☐ **Walker**
☐ **Wheelchair**
- **Electric?** ☐ **Yes** ☐ **No**

IEP TEAM DETERMINATION

☐ **NONE**

SAFETY RESTRAINT OPTIONS:

☐ **Seatbelt**
- **5 point seatbelt 20-90 lbs**
- **3 point seatbelt if available**

☐ **Safety Vest**
☐ Seat Belt Buckle Cover
☐ **Other**_____

SPECIAL INSTRUCTIONS FOR DRIVER TO MAKE STUDENT MORE COMFORTABLE?

FORM DIRECTIONS:

1. **Fill out the form completely.**
2. **For Special Education Students only: Submit original to Dept. Of Special Education**
3. **Transportation will be assigned after the signed form is received in the Department of Transportation and may take up to seven professional days.**

IEP/PST Chairperson _____ Date _____

Director of Special Education _____ Date _____

Director of Transportation _____ Date _____