

☐ 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: _____

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

CONTACT INFORMATION:

Parent/Guardian Name _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact # _____

☐ 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?

☐ 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

☐ 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 Guard
☐ 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