

This form is to be completed during the student's team meeting and the Building Administrator (from student's enrollment building) is to arrange transportation. Primary provider should place copy in student's file.

SPECIAL TRANSPORTATION

DATE: _____

Student's Name _____

Enrollment Building _____

Parent's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Emergency Contact Person _____ Phone _____

1. Has it been determined that this student requires special transportation in order to benefit from their education? **Yes / No** (circle one, if **No**, do not complete this form)

2. If **Yes**, what is the nature of this student's needs that requires special transportation? _____

3. If **Yes**, please complete the following information:

a. Pick up location _____

b. Attending school _____

c. School/program arrival time _____

d. School/program departure time _____

e. Drop off location _____

f. **Regular Bus** or **Special Bus** (circle one)
If **Special Bus**, please list what accommodations are necessary (e.g., lift, wheelchair lock-down capability, climate control, etc.): _____

g. Does this student have any health considerations? **Yes / No**

h. Please list any other special accommodations/considerations for this student while on the bus (e.g., para, car seat, harness, etc.) _____

If child needs to be in a car seat as required by law (*K.S.A. 8-1344, b*) or IEP, please state:

child's age _____ child's date of birth _____ child's weight _____

i. If Preschool Program, indicate day(s) to attend and time (Circle all days and time)
Monday Tuesday Wednesday Thursday Friday AM Classes PM Classes

Principal/Admin. Designee Signature: _____ Date: _____

(K.S. A. 8-1344, section b. - For a child under the age of four years a child passenger safety restraining system that meets or exceeds the standards and specifications contained in federal motor vehicle safety standard no. 213 in effect on July 1, 1997)