

# Haralson County School District Request for Special Transportation

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
\_\_\_\_\_

HCSD Staff Requesting Transportation: \_\_\_\_\_

### Reason for Request:

- New Student with Existing IEP
- IEP Change beginning: \_\_\_\_\_
- Disruptive Behavior on Regular Bus  
(attach discipline form)
- New Address
- Other: \_\_\_\_\_

### Directions to Pick up/Drop off Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Support Required by IEP:

- Aide on the Bus
- Wheelchair Ramp
- Star Seat

\_\_\_\_\_  
\_\_\_\_\_

-----OFFICE USE ONLY-----

### Approved by:

Special Education Director: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Director: \_\_\_\_\_ Date: \_\_\_\_\_

Bus # Assigned: \_\_\_\_\_

Request Rec'd at DO: \_\_\_\_\_

Driver: \_\_\_\_\_

Request Faxed to Trans.: \_\_\_\_\_

Est. Pickup: \_\_\_\_\_

Request Rec'd at Trans.: \_\_\_\_\_

Est. Dropoff: \_\_\_\_\_

Completed Form Faxed to DO: \_\_\_\_\_

Completed Form Rec'd at DO: \_\_\_\_\_