

HARALSON COUNTY SCHOOLS  
**REQUEST FOR *REGULAR* TRANSPORTATION**  
*from* SPECIAL EDUCATION TRANSPORTATION

Date \_\_\_\_\_ Start Date \_\_\_\_\_

School \_\_\_\_\_ Person Requesting Transportation \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_ Parent/Guardian \_\_\_\_\_

Phone # \_\_\_\_\_ Current Bus # and Driver \_\_\_\_\_

Reason for request: \_\_\_\_\_

Student Address & Directions to home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Transportation Director (Signature)

\_\_\_\_\_  
Special Ed. Director (Signature)

\_\_\_\_\_  
School (Signature)

*White:* Transportation Director

*Yellow:* Special Ed Director

*Pink:* School