

# Haralson County School District Request for Special Transportation

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Staff Requesting Transportation: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Reason for Request:

- New Student with Existing IEP
- IEP Change beginning: \_\_\_\_\_
- Disruptive Behavior on Regular Bus
- New Address: \_\_\_\_\_
- Other: \_\_\_\_\_

## Medical Information & Directions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Support Required by IEP:

- Aide
- Wheelchair Lift
- Star Seat
- Air Conditioning

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Approved by:

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

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

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

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

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

Est. Drop-off: \_\_\_\_\_

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

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