

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: _____
- Rebel Academy: list Federal Program
(Spec. Ed, MV or N&D): _____
- Other: _____

Medical Information & Directions:

Additional Support Required by IEP:

- Aide
- Wheelchair Lift
- Star Seat
- Air Conditioning

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

Approved by:

Special Ed. or Federal Program Director: _____ Date: _____

Transportation Director: _____ Date: _____

Bus # Assigned: _____

Driver: _____

Est. Pickup: _____

Est. Drop-off: _____

Request Rec'd at DO: _____

Request Rec'd at Trans: _____