

# 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 with Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: \_\_\_\_\_