

SPECIALIZED TRANSPORTATION REQUEST FORM

CURRENT DATE: _____ ☐ NEW ☐ CHANGE ☐ ANNUAL REVIEW

NOTE: Student transportation will begin five (5) school days AFTER being received by the Transportation Department.

I STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

SCHOOL OF ASSIGNMENT: _____ SCHOOL OF ATTENDANCE: _____ GRADE: _____

EC ☐ 504 ☐ HOMELESS ☐ OTHER ☐ _____ TEACHER: _____

II CONTACT INFORMATION:

SCHOOL CONTACT: _____ PHONE _____

PARENT/GUARDIAN _____ PHONE _____

RESIDENCE ADDRESS _____ ALTERNATE PHONE _____

III EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT ADDRESS _____

EMERGENCY CONTACT PHONE (H) _____ (W) _____ (M) _____

IV AUTHORIZED PERSON(S) INFORMATION

LIST NAMES OF PERSON(S) WHO ARE AUTHORIZED TO RECEIVE CHILD AT BUS STOP OTHER THAN PARENT OR GUARDIAN
****IF NO ONE IS AUTHORIZED, PLEASE INDICATE BY WRITING "NONE" IN THE SPACE****

PROVIDED.

NAME: (1) _____	RELATIONSHIP TO STUDENT: _____	IF SIBLING, GIVE AGE _____	PHONE: _____
NAME: (2) _____	RELATIONSHIP TO STUDENT: _____	IF SIBLING, GIVE AGE _____	PHONE: _____
NAME: (3) _____	RELATIONSHIP TO STUDENT: _____	IF SIBLING, GIVE AGE _____	PHONE: _____

V SPECIAL TRANSPORTATION REQUIREMENTS

****Note: Special transportation requirements must be specified in student IEP.**

_____ CSRS (Child Safety Restraint System)

***If CSRS is required, please provide weight of child _____**

Please provide details of the exceptionality that makes a CSRS a requirement for transportation:

_____ Wheelchair Lift/Restraints _____ Other Explain: _____

VI APPROVAL

NOTE:

Signature of designees, as specified below, are required BEFORE transportation can begin. Signatures should be obtained in the order shown to meet all specialized transportation requirements. No student shall be transported until all required signatures have been obtained.

(1) _____ Parent/Guardian Date	(2) _____ Teacher Date
(3) _____ School Administrator Date	(4) _____ EC/Student Services/Homeless Director Date

SPECIALIZED TRANSPORTATION REQUEST FORM

Student: _____	(cont) _____	Date: _____
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TRANSPORTATION INFORMATION

VII

BEHAVIOR MODIFICATION PLAN

Please provide details of student behavior modification plan. This information will allow transportation personnel to work with the students exceptionality and provide the least restrictive transportation environment.

VIII

DRIVER INSTRUCTIONS

Instructions to Driver: (Please give specific directions for traveling to transportation address, I.E., road number road name, distance from intersection, distinguishing landmarks, etc.

IX

BUS ASSIGNMENT INFORMATION

Shaded areas to be completed by Beaufort County Schools Transportation Personnel ONLY!

_____ AM _____ PM _____ Both

_____ MID DAY AM _____ MID DAY PM
(Arrive by 11:30) (Leave by 11:30)

TRANSPORTATION ADDRESS:
(Please supply 911 addressing only.)

AM

PM

TO BE COMPLETED BY TIMS ONLY

AM STOP ID _____ BUS # _____

PM STOP ID _____ BUS # _____

TRANSLOAD TO BUS # _____

EFFECTIVE DATE: _____

TIMS

Date

X

NOTIFICATION PROCESS:

ATTN: _____ ATTN: _____

The following transportation data has been established by the Transportation Department in accordance with student IEP guidelines and is provided to you for parent/teacher/driver notification.

STUDENT

START

NAME: _____

DATE: _____

☐ AM ☐ PM

Please notify:

TO/FROM HOME TRANSPORTATION	TRANSLOAD TRANSPORTATION	Completed by Bus Coordinator
BUS # _____	BUS # _____	Parent Notified: ☐
DRIVER _____	DRIVER _____	By _____ Date _____
SCHOOL _____	SCHOOL _____	If not, why? _____
		Teacher Notified: ☐
		By _____ Date _____
		If not, why? _____
		Driver Notified: ☐
		By _____ Date _____
		If not, why? _____
BUS COORDINATOR: PLEASE FORWARD A COPY OF THIS FORM TO YOUR ASSIGNED DRIVER FOR NOTIFICATION OF CHANGES/ADDITIONS.	BUS COORDINATOR: PLEASE FORWARD A COPY OF THIS FORM TO YOUR ASSIGNED DRIVER FOR NOTIFICATION OF CHANGES/ADDITIONS.	Received by _____ Trans-Complete: _____

COMPLETED NOTIFICATION (WITH EC DIRECTOR SIGNATURE) SHOULD BE FAXED TO TRANSPORTATION @ 252-940-1666