



National School District
Transportation Department
SPECIAL EDUCATION



TRANSPORTATION REQUEST & CHANGE FORM

_____ **School Year** **Add Transportation** **Change of Address** **Change (Other/Specify)**

Instructions: Student Support Services will forward completed form to Transportation for processing. After Transportation receives this form, it takes 5 to 7 business days to place a child on a route and/or change a route. Transportation will notify the parent when the change is made.

School: _____ Teacher: _____ Student ID# : _____

Student Name: _____ Date of Birth: _____ Grade: _____

Home Address (Current/New): _____

Previous Home Address: _____

Effective Date of Change: _____ Home Phone: _____

Parent/Guardian Name (Print): _____ Cell Phone: _____

Alternate Contact: _____ Alternate Phone: _____

CHECK (✓) ALL THAT APPLY		
Transportation Required Per IEP Dated: _____ <input type="checkbox"/> Home-to-School (Curb-to-Curb/Door-to-Door) <input type="checkbox"/> School-to-School <input type="checkbox"/> Other: _____ <input type="checkbox"/> Full Day (Start/End Times): _____ - _____ <input type="checkbox"/> Half Day (Start/End Times): _____ - _____	<input type="checkbox"/> SDC <input type="checkbox"/> 504 Plan <input type="checkbox"/> Walker Device <input type="checkbox"/> Wheelchair <input type="checkbox"/> Must Have Bus Aide <input type="checkbox"/> Nurse Required <input type="checkbox"/> Buckle Guard <input type="checkbox"/> Requires CSRS (Child Safety Restraint System) <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Autism <input type="checkbox"/> Deafness <input type="checkbox"/> DB (Deafness/Blindness) <input type="checkbox"/> ED (Emotional Disturbance) <input type="checkbox"/> Established Medical Disability <input type="checkbox"/> HH (Hard of Hearing) <input type="checkbox"/> ID (Intellectual Disability) <input type="checkbox"/> MD (Multiple Disability) <input type="checkbox"/> OI (Orthopedic Impairment) <input type="checkbox"/> OHI (Other Health Impairment) <input type="checkbox"/> SLD (Specific Learning Disability) <input type="checkbox"/> SLI (Speech or Language Impairment) <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> VI (Visual Impairment)

SPECIAL EDUCATION OFFICE

Verified & Approved By: _____ Date: _____

TRANSPORTATION OFFICE

Date Request Received: _____ Effective/Start Date: _____

AM Bus Stop: _____ Route: _____ Pickup Time: _____

PM Bus Stop: _____ Route: _____ Drop-off Time: _____

MD Bus Stop: _____ Route: _____ Drop-off Time: _____