

SPECIAL TRANSPORTATION REQUEST

Fax form to Durham Transportation: 473-9148

An IEP meeting has been held and transportation accommodations have been determined to be necessary in order for the following student to be able to participate in his/her educational program (1) needs must be related to disability and (2) IEP must be marked "YES" for special transportation:

Name of Student: _____ Date of Birth: _____

Date of IEP: _____ Date Services to Start: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Parent(s) Name: _____

Home Address: _____

Direction to House:

Name of Emergency Contacts: _____ Phone: _____

_____ Phone: _____

Type of Arrangements (check below):

_____ Special Education Bus

_____ Regular Education Bus

_____ Wheelchair lift

_____ Modified seating

_____ Child Restraint seat

_____ Behavioral contract

_____ Out-of-zone (no available regular bus)

_____ Other, If so what _____

_____ Attention of attendant due to physical, cognitive

or emotional disability

Describe the child's disability and why transportation accommodations are necessary.

Signature of Teacher

Date faxed to Transportation