



REQUEST FOR SPECIAL PUPIL TRANSPORTATION SERVICES

***Incomplete/inaccurate forms may be returned to the school and could result in a delay of Transportation services**

DATE: _____

PLEASE INDICATE APPROPRIATE PROGRAM BELOW

- | | | |
|---|--|--|
| <input type="radio"/> Crossroads | <input type="radio"/> Special Ed (IEP Driven) | <input type="radio"/> AYP School Choice _____
<i>(If school choice, list home school above)</i> |
| <input type="radio"/> Turning Point | <input type="radio"/> Pre-School | <input type="radio"/> Overload _____
<i>(If Overload, list home school above)</i> |
| <input type="radio"/> Kinport | <input type="radio"/> ESY | School student will be attending _____ |
| <input type="radio"/> New Horizons | <input type="radio"/> English as 2 nd Language | |
| <input type="radio"/> Summit Learning Center | <input type="radio"/> Teen Parent | |
| <input type="radio"/> Teacher _____
<i>(List teacher for Special Ed & Pre-School only)</i> | <input type="radio"/> Other _____
<i>(Please specify program if not listed above)</i> | |

- | |
|--|
| <input type="radio"/> Initial Request
<input type="radio"/> Terminate
<input type="radio"/> Annual Review (IEP Driven)
<input type="radio"/> Change 1 st 2 nd 3 rd |
|--|

REQUESTED START DATE
_____ *Allow 3 days for implementation after submitted to Transportation Department

IEP TEAM RELATED SERVICE REQUEST YES <input type="radio"/> NO <input type="radio"/> Special Transportation must be approved by the Director of Special Services (signature required below)

STUDENT INFORMATION

Student Name: _____ Age: _____ Grade: _____

*** NO P.O. BOX NUMBERS OR RURAL ROUTES NUMBERS – GIVE NAME OF ROAD HOME FACES ***

Home Address Street: _____ City: _____ ZIP: _____

Rural Areas Only
Name of road home faces: _____ between road: _____ and road _____
General description (i.e. markings on home, fence, mailbox, landscaping, etc.): _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name: _____ Relationship to student: _____

Contact #'s: (Home) _____ (Cell) _____ (Work) _____

Emergency Contact Person's Name: _____ Relationship to student: _____

Emergency Contact Person's Address: (street) _____ City: _____ ZIP: _____

Emergency Contact #'s: (Home) _____ (Cell) _____ (Work) _____

TRANSPORTATION DEPARTMENT USE ONLY

Date received by Transportation Department: _____

A.M. Pickup Point: _____	Time: _____	Route #: _____
A.M. Transfer Point: _____	Time: _____	Route #: _____
Mid-Day Pickup Point: _____	Time: _____	Route #: _____
Mid-Day Drop Off Point: _____	Time: _____	Route #: _____
P.M. Transfer Point: _____	Time: _____	Route #: _____
P.M. Drop Off Point: _____	Time: _____	Route #: _____

SIGNATURES:

PARENT SIGNATURE (REQUIRED) _____

DIRECTOR OF SPECIAL SERVICES: _____

Special Transportation must be approved by the Director of Special Services

Pocatello/Chubbuck School District #25
 Transportation Department
 Fax: (208) 235-3241
 Dispatch: (208) 235-3227
 Regular Routes: (208) 235-3215
 Special Needs Routes: (208) 235-3252

SPECIAL CONCERNS OR CONSIDERATIONS

Health Concerns –

Please list any health or medical concerns you feel the Transportation Department should be aware of

(i.e. vision impairments, hearing impairments, seizures, frequent bloody noses, etc.): _____

Behavioral Concerns –

Please list any behavioral concerns you feel the Transportation Department should be aware of

(i.e. occurrences of vandalism, violent tendencies, infatuation with weapons, infatuation with fire/arson, etc.): _____

Other Concerns –

Please list any other concerns or comments you feel the Transportation Department should be aware of

(i.e. is this student a transition student, will student be catching any shuttle bussing, etc.): _____

Special Equipment or Scheduling Considerations: *(please check all that apply)*

- | | |
|--|--|
| <input type="radio"/> Car Seat(s) Required | <input type="radio"/> Teen Parent with infant(s) or toddler(s) |
| <input type="radio"/> Harness Required | <input type="radio"/> Sibling(s) riding with student |
| <input type="radio"/> Wheelchair Lift Required | <input type="radio"/> Other <i>(please specify):</i> _____ |
| <input type="radio"/> Oxygen Bottle | _____ |

Special pick up or drop off point if different from home address: **NOTE – Only one pick up and drop off can be established per student*

Pick up point: Name: _____
Address: _____
Phone #: (home) _____ (cell) _____ (work) _____

Drop off point: Name: _____
Address: _____
Phone #: (home) _____ (cell) _____ (work) _____

Drop off procedure: **NOTE – This section is required to be completed for IEP driven requests only*
(CHECK ONLY ONE BOX)

- Assisted drop off** – The driver will not let the student off the bus unless a family member is at the bus to take the student off of the bus.
- Visual proof of family member** – The driver will not let the student off the bus unless the driver has visual proof that a family member is home and at the door ready to accept the student.
- Visual proof of the student entering the home** – The driver will not leave the drop off point until he/she has obtained visual proof of the student entering the home.
- Un-assisted drop off** - The driver will drop the student off at their household or designated stop and allow the student to walk to and enter the home on their own.