

Seminole County Public Schools
TRANSPORTATION REQUEST

Date: _____ Control #: _____ Received by: _____

STUDENT INFORMATION: Requestor: _____ Phone: _____ Student #: _____

Student Name: _____ Age: _____ D.O.B.: _____

Parent: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____

Subdivison: _____ Nearest Cross Street: _____

Sending School: _____ Receiving School: _____

Program: _____ Zone: _____

Comments:(moving, new request, other) _____

..... THIS SECTION FOR HANDICAPPED STUDENTS ONLY

Check all that apply: Health/Safety related:

- | | |
|---|---|
| <input type="checkbox"/> 911 procedure (attach) | <input type="checkbox"/> wheelchair |
| <input type="checkbox"/> medical contact _____ | <input type="checkbox"/> walker |
| <input type="checkbox"/> medication _____ | <input type="checkbox"/> adaptive device _____ |
| <input type="checkbox"/> additional supplies _____ | <input type="checkbox"/> seatbelt |
| <input type="checkbox"/> shunt | <input type="checkbox"/> harness |
| <input type="checkbox"/> gastrostomy | <input type="checkbox"/> tracheostomy |
| <input type="checkbox"/> seizures: management _____ | <input type="checkbox"/> suctioning: management _____ |
| <input type="checkbox"/> other: _____ | |

Individual Characteristics:

- | | |
|---|--|
| <input type="checkbox"/> deaf or hearing impaired | <input type="checkbox"/> language impaired or non-verbal |
| <input type="checkbox"/> blind/partially sighted | <input type="checkbox"/> non-ambulatory |

Precautions for Emergency Evacuation: _____

..... TRANSPORTATION USE ONLY

A.M. Route #: _____ Bus #: _____ P.M. Route #: _____ Bus #: _____

Driver Name: _____ Monitor Name: _____

Stop Location: _____

A.M. Time: _____ P.M. Time: _____ Effective Date: _____

Driver Notified: _____ By: _____

Area Supervisor Notified: _____ By: _____

Parent/School Notified: _____ By: _____

Date Recorded on Route Sheet: _____ By: _____

Date Recorded on Computer: _____ By: _____
