

SPECIAL EDUCATION TRANSPORTATION REQUEST

Mid-Columbia Bus Co. • 503.623-7245



☐ **New Request** ☐ **Change Existing Request** ☐ **Termination**

Today's Date _____ Date Transportation Change to Begin _____

Student Name _____ D.O.B. _____

Student Height _____ Student Weight _____ Age _____ Grade _____ Gender ☐ M ☐ F

Disabilities

____ Mental Retardation
____ Hearing Impairment
____ Blindness
____ Speech/Language
____ Orthopedic Impairment
____ Autism
____ Specific Learning Disorder
____ Other _____

Assistive Equipment

____ Electric Wheelchair
____ Manual Wheelchair
____ Walker
____ Crutches/Cane
____ Torso Restraint
____ Booster/Car Seat
____ Cannot Climb Stairs
____ Other _____

Special Conditions

____ Can be home alone
____ Requires bussing aid
Name _____
____ Medical Protocol
____ Flight Risk
____ Other _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Person Completing Form _____ School _____ Phone _____

Time for arrival at school/class _____ Time to be picked up from school/class _____

Check days of the week that apply ☐ M ☐ TU ☐ W ☐ TH ☐ F

Special circumstances and/or request:

School Administrator Signature

Date

Special Education Director

Date