

Request for Transportation Form Special Education or 504

| School Year: | Date: |
|---|--|
| School: | Teacher: |
| Student Name: | Student ID: Grade |
| Parent/Guardian Name: | Phone Number: |
| Address: | |
| City: | Zip: |
| | |
| Student is eligible for transportation under: | |
| IDEA— (Related Service) IEP Students with disabilities are entitled to transportation as a related service if the IEP team has determined that it is required for the student to access their special education services. If the student is attending their neighborhood school, transportation will not be provided unless there is a compelling reason to do so based on the nature and severity of the student's disability. | |
| 504— (Attach 504 Elig/Plan) The student has a physical or mental impairment which substantially limits one or more major life activities and limits the student's ability to get to school with their neighborhood peers. The student, therefore, requires transportation in order to access their educational program. Transportation will not be provided unless there is a compelling reason to do so. | |
| | |
| Can the student get to school in the same manner as his/her siblings and/or peers in the neighborhood? Yes No If no, please explain why the student is not able to access the regular transportation used by others in the student's neighborhood. A compelling reason must be identified (attach available documentation): | |
| Student requires the following: | |
| Vehicle with a lift or ramp | Line of Sight |
| Tie-Down Devices for Wheelchair Other (please explain): | Use of Safety Vest |
| Anticipated duration for transportation services: | |
| Long Term | Short-Term (review and resubmit at the end of the school year as needed |
| DISTRICT USE ONLY | |
| If consideration for a sibling rider, please check and attach form. All sibling rider request forms must be signed by the school administrator and parent or legal guardian. (Form can be found on special education website, administrator tab.) | |
| Approved Denied (Explain): | |
| | |
| Special Education Administration signature | Date |
| Copies (once approved): | |
| Students File/Upload GV Transportation Dept | Special Education Specialist Special Placements Office (If SCSC attending home school) |