



Seminole County Public Schools
Transportation Request Form

Date: Control #: Received by:

STUDENT INFORMATION: Requestor: Phone:

Student Name: Student # D.O.B

Parent: Home Phone Other Phone

Street Address City

Subdivision Nearest Cross Street

Sending School Receiving School

Program Zone

Comments (moving, new request, etc.)

*****THIS SECTION FOR HANDICAPPED STUDENTS ONLY*****

Check all that apply (Health/Safety Related):

- () 911 procedure (attach) () wheelchair
() medical contact () walker
() medication () adaptive device
() additional supplies () seatbelt
() shunt () harness
() gastrostomy () tracheostomy
() seizures - management () suctioning - management
() Other

Individual Characteristics:

- () deaf or hearing impaired () language impaired or non-verbal
() blind / partially sighted () non-ambulatory

Precautions for Emergency Evacuation

*****TRANSPORTATION USE ONLY*****

A.M. Route # Bus # P.M. Route # Bus #
Driver Name: Monitor Name:
A.M. Time P.M. Time Effective Date:
Driver Notified: By:
Parent / School Notified: By:
Date Recorded on Route Sheet By:
Date Recorded on Computer By: