



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):

- |  |  |
|--|--|
| <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: \_\_\_\_\_

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: \_\_\_\_\_