



# REQUEST FOR SPECIAL TRANSPORTATION

Please complete and return to:

Office of Special Programs  
Fax: 304-272-5993

Student: \_\_\_\_\_ School Year: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ DOB: \_\_\_\_\_

Special Education Case Manager: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ WVEIS#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone for Parent(s)/Guardian(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List a **PHYSICAL** address for both pick-up and drop-off locations:

A.M. Pick-Up Location: \_\_\_\_\_ Phone: \_\_\_\_\_

P.M. Drop-Off Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Information:**

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference:  Cabell Huntington Hosp.  St. Mary's Hospital  Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Conditions or Diagnoses: \_\_\_\_\_

Special Instructions for Attending Physician or Other Staff: \_\_\_\_\_

Current Medication & Dosage: \_\_\_\_\_

\*Is medicine required on the bus?  Yes  No \*Bus drivers do NOT administer medicine.

**Student Information:**

Student's Height: \_\_\_\_\_ Student's Weight: \_\_\_\_\_ pounds

Mark all that apply:

- Verbal  Non-verbal  Epileptic  Medically Fragile  Diabetic
- Ambulatory  Non-Ambulatory  Self-Injurious  Potentially Aggressive Toward Others
- Deaf/Hard of Hearing  Blind/Low Vision  Intellectual Disability  Requires CPI-Trained Aide
- Other: \_\_\_\_\_ Does student require an aide on the bus?  Yes  No

Special instructions for managing student on bus: \_\_\_\_\_

**Special Bus Equipment:**

- None  Wheelchair  \*\*Safety Vest (based on weight)  \*\*Car Seat

\*\*If safety vest or car seat is checked, this information must be updated each semester.

Completed by: \_\_\_\_\_, \_\_\_\_\_  
Signature of School Official Title Date

Approved by: \_\_\_\_\_, Office of Special Programs Director

Driver: \_\_\_\_\_ Bus#: \_\_\_\_\_ Aide: \_\_\_\_\_