

STUDENT: \_\_\_\_\_ SITE: \_\_\_\_\_ TODAYS DATE \_\_\_\_\_

**CROOK COUNTY SCHOOL DISTRICT**  
**REQUEST FOR SPECIAL TRANSPORTATION**

**\*\* Allow 2 days for placement on route\*\***

**2015-2016**

**NEW**



**CHANGE**

Parent /Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Days: M T W TH F

AM Pick up Site \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

PM Drop off Site \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Wheelchair  Car Seat  Harness

Special training needed prior to transport  Yes  No

Can child be released to someone other than parent/guardian  Yes  No

If yes, list all names and addresses of authorized people:

\_\_\_\_\_

Pertinent medical considerations (attach protocol)  Yes  No

Transportation addressed on the Behavior Plan  Yes  No

\*\*\*\*If yes – please attach copy

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Fax to SPECIAL EDUCATION DEPARTMENT at the DISTRICT OFFICE at 541-416-9961