



LAWRENCE PUBLIC SCHOOLS
LAWRENCE MASSACHUSETTS

REQUEST FOR TRANSPORTATION

TODAY'S DATE: ___ / ___ / ___

EFFECTIVE DATE: ___ / ___ / ___

STUDENT D.O.B.: ___ / ___ / ___

STUDENT ID#: _____ PROTOTYPE: _____

SPECIAL EDUCATION REGULAR EDUCATION

SPECIAL ED. & MEDICAL MEDICALLY FRAGILE

OTHER: _____ HOMELESS TRANS

NEW RESTART CHANGE (Fill in name, school & items to be changed only) STOP (NME. & SCHOOL)

NAME OF STUDENT: _____

STUDENTS HOME ADDRESS: _____

STUDENTS HOME PHONE: _____ SCHOOL: _____ GRADE: _____

NAME OF PARENT OR GUARDIAN: _____

EMERGENCY CONTACT NAME: _____

(Transportation will not start unless completed)

RELATIONSHIP TO STUDENT: _____ EMERGENCY PHONE: _____

ALTERNATE PICKUP DROP-OFF ADDRESS: _____

(ONLY IF DIFFERENT FROM HOME ADDRESS ABOVE)

ALTERNATE CONTACT: _____ PHONE: _____

IF OUT OF DISTRICT, TIME PROGRAM BEGINS: _____ ENDS: _____

SPECIAL REQUIREMENTS

DISABILITY

WHEELCHAIR VEHICLE

USES CRUTCHES/WALKER/LEG BRACES

MONITOR REQUIRED

BEHAVIORAL

RN/LPN MONITOR REQUIRED

SEIZURE DISORDER

OTHER: _____

ASTHMA

_____ OTHER: _____

COMMENTS/OTHER INFORMATION: _____

REQUESTED BY: _____

Authorized Signature

PLEASE DO NOT WRITE BELOW THIS LINE

CARRIER ASSIGNED: _____ / _____ DATE: ___ / ___ / ___

TCD

ASSIGNED BY: _____ Transportation Dept.

COPY DISTRIBUTION

WHITE-TRANSPORTATION YELLOW-CARRIER PINK- CONFIRMATION GOLD-ORIGIN FORM T-1