

Avoyelles Parish School Board

221 Tunica Drive West Marksville, La 71351

Phone: 318-253-5982 • Fax: 318-597-5101

Student Transportation Request

Please complete this form during the IEP team meeting. All information on this form is confidential.

Date: _____

1. Student's Name: _____ Race: _____ Sex: _____

Parent /Legal Guardian: _____

911 Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

In case of emergency, if you cannot be contacted, please contact:

Name: _____ Phone: _____

911 Address: _____ City: _____ Zip: _____

Yes• No•

2. A.M. Pick Up (same as above) or _____
Address City Zip Phone

P.M. Pick Up (same as above) or _____
Address City Zip Phone

Name of adult to receive student if parent/guardian is not present: _____

Phone: _____

2. School assigned to _____

Time School Begins: _____ Time School Dismisses: _____

Assignment: • Permanent **OR** • Alternative #of Days _____

3. Reason for request: _____
(remember to put statement in IEP as well)

Behavior Improvement/Management Plan: • Yes (if yes, attach BIP) • No

Student Has an Individual Health Plan? • Yes (if yes, attach plan) • No

Name of student's physician: _____ Phone: _____

4. Student's special needs for transportation: (Any special care that may affect safe transportation of the student). Example: child seat(up to 22 lbs.), vest harness, seat beats, lift, attendant, modifications on the bus, medical concerns while on the bus, or specific accommodations:

5. If student is allowed to ride the **regular education bus for field trips** **it must be denoted in the IEP** and explain the reasoning. Example: " Student can ride the regular education bus for field trips if a medicine designee is present"

6. Approved by _____

Signature of ODR

Date

7. Is student attending school on an out-of- zone permit? • Yes • No

8. If #7 is "yes", Supervisor of Special Education approval and signature is required. Email form to dpitre@avoyellespsb.com and it will signed and emailed back to you.

Signature of Supervisor of Special Education

9. After form has been completed in its entirety, it needs to be emailed to Mr. Trent Young at trent.young@avoyellespsb.com so that he can complete section 10.

10. If information is not complete we cannot safely transport your child/children to school.

*****TO BE COMPLETED BY TRANSPORTATION OFFICE*****

Date Received: _____ Time Received: _____ Date Assigned: _____

Bus#: _____ Bus Driver: _____ Phone: _____ Date Notified: _____

Date Parent/Guardian notified: _____ Time: _____ Notes: _____
