**Avoyelles Parish School Board**

**Transportation Approval Form**

**Department of Special Services**

**IDEA Transportation Approval Form**

**School: Date:**

**Teacher requesting transportation:**

**Location traveling to:**

**Travel date: Estimated miles:**

**Estimated total cost of transportation:**

**Bus Driver Name:**

**Funding Source: IDEA**

**Purpose of transportation request: (Explain significant impact on students)**

**Principal Signature of Approval Date**

**Approved**  **Rejected**

**Dawn Pitre, Supervisor Special Services Date**

**Karen Tutor, Superintendent Date**

**Approval must be obtained at least two weeks prior to transportation need.**