

**RALEIGH COUNTY SCHOOLS  
SPECIAL EDUCATION TRANSPORTATION FORM**

DP 1.3 c-7

STUDENT: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DIRECTIONS TO HOME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person *(other than above)*:

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

**INDIVIDUAL EDUCATION PROGRAM TRANSPORTATION REQUIREMENT**

Special Devices/Equipment to be used while aboard the bus:

\_\_\_\_\_ Federally Approved Safety Device with Aide      \_\_\_\_\_ Federally Approved Safety Vest with Aide  
\_\_\_\_\_ Wheelchair Lift/Locks/Straps with Aide      \_\_\_\_\_ Transportation with Aide- no device needed

\*\*Weight \_\_\_\_\_ Height \_\_\_\_\_ Torso/Waist \_\_\_\_\_ \*\* *Use for students requiring Safety Device/Equipment* \*\*

Extended Time in Transit: Yes \_\_\_ No \_\_\_      Medical Considerations: Yes \_\_\_ No \_\_\_  
*(If yes, County Health Care Plan must be attached)*

Physician to contact in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Designee at Bus Stop: \*\* *(List Designee/Parent Full Name and Designee must be 18 years of age)* \*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM SCHOOL:** \_\_\_\_\_ **School Contact:** \_\_\_\_\_

**Medicaid Number:** \_\_\_\_\_ **School Specialist** \_\_\_\_\_

**FOR OFFICE USE ONLY**