



Clark County Public Schools
Special Transportation Request (T-5)

☐ New ☐ Change ☐ Remove (please check one)

(FAX TO TRANSPORTATION 859-745-3942)

Name :

Old Address:

New Address:

Parent/Guardian:

Phone (home/work):

School:

Grade:

Session: ☐ All-day
 ☐ Part-day Times: until

TRANSPORTATION START DATE:

Pick up time: Drop off time:

Pick up address:

Bus assignment: AM PM

Special Requirements

- ☐ Lift bus
☐ Special harness
☐ Supervised by assistant

Identified disability:

Special instructions:

Principal / ARC Chairperson

ARC meeting conducted / IEP date