



**CLARK COUNTY PUBLIC SCHOOLS  
EXCEPTIONAL CHILD (IEP, 504, Medical)  
TRANSPORTATION REQUEST**

**PARENT SECTION**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Winchester, KY 40391

*If different from the ABOVE HOME ADDRESS complete below*

Morning pick up address \_\_\_\_\_

Afternoon drop off address \_\_\_\_\_

**SPECIAL REQUIREMENTS (check all that apply)**

\_\_\_\_ LIFT

\_\_\_\_ MEDICATION

\_\_\_\_ SPECIAL HARNESS

\_\_\_\_ SUPERVISION REQUIRED BY

MONITOR

DETAILS-IDENTIFY NEED: \_\_\_\_\_

COMMITTEE MEETING: DATE \_\_\_\_\_ CHAIR:(PRINT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SCHOOL USE ONLY (check below)**

NEW  CHANGE  REMOVE



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**TRANSPORTATION DEPARTMENT USE ONLY**

MORNING BUS: # \_\_\_\_\_ PICK UP TIME: \_\_\_\_\_ STOP LOCATION \_\_\_\_\_

AFTERNOON BUS:# \_\_\_\_\_ PICK UP TIME: \_\_\_\_\_ STOP LOCATION \_\_\_\_\_

FORM COMPLETED BY \_\_\_\_\_ DATE: \_\_\_\_\_

FAX FORM TO THE TRANSPORTATION DEPARTMENT 859-745-3942