



Anchorage School District
Special Needs Transportation Request
 3580 East Tudor Road, Anchorage, Alaska 99507
 Phone: (907) 742-1200, FAX: (907) 742-1229



*INFORMATION ON THIS BUS REQUEST SHOULD BE REFLECTIVE OF THE STUDENT'S IEP.
 IEP MEETINGS ADDRESSING TRANSPORTATION ISSUES MUST INCLUDE A TRANSPORTATION REPRESENTATIVE.*

ALL FIELDS MUST BE COMPLETED TO INITIATE SCHOOL BUS SERVICE: **School Year:** _____

For school start: Change to current year's busing: New to current year's busing: Start Date: _____

Student's Last Name: _____	Student's First Name: _____
Parents / Guardian: _____	Home Phone: _____
Mailing Address: _____	Father Work #: _____
_____	Mother Work #: _____
Other Emergency Contact: _____	Cell/Other #: _____

School: _____	FULL DAY: <input type="checkbox"/> AM: <input type="checkbox"/> PM: <input type="checkbox"/>	Riding: <input type="checkbox"/> Name(s): _____
Pickup address: _____	Drop-off address: _____	
Contact Phone # _____	Contact Phone # _____	
AM Pickup Contact(s): _____	PM Pickup Contact(s): _____	
504 Plan: <input type="checkbox"/> (A copy of the 504 must accompany request)	Unattended Drop-off: <input type="checkbox"/> (Written authorization from parent required)	
Out-of-Absence Boundary: <input type="checkbox"/> (If out-of-absence busing is requested, a special education supervisor must sign below)		
Student's Program: IN <input type="checkbox"/> ER <input type="checkbox"/> SL <input type="checkbox"/> CSF <input type="checkbox"/> AUT 9-1:30 <input type="checkbox"/> AUT FULL DAY <input type="checkbox"/> ACE <input type="checkbox"/> ACT <input type="checkbox"/> OTHER <input type="checkbox"/>		
Special Days or Times Needed: _____ (Attach IEP indicating Special Accommodations.)		

ASD Contact Name: _____ **Phone #:** _____ **School/Dept:** _____

This form completed by: _____ **Phone #** _____

Supervisor's Signature: _____ **Department:** _____
 (If required)

FOR SCHOOL NURSE OR STAFF MEMBER COMPLETION (if pertinent to busing):

Disability: _____ **Medically Fragile:** **Communication Method:** _____

Safety Vest: **> Waist size:** _____ (Add 2 inches for winter clothing) **Wheelchair:** **Type:** _____

<p>Please check the box(es) below to indicate any additional information or services that are required. The appropriate form must be submitted with this request. Forms are available in the ASD forms and publications library in the District Connection.</p> <p>MEDICAL PLAN: <input type="checkbox"/> BEHAVIOR PLAN: <input type="checkbox"/> DRIVER/ATTENDANT TRAINING: <input type="checkbox"/></p> <p>SPECIAL EQUIPMENT: <input type="checkbox"/> UNATTENDED DROP-OFF FORM: <input type="checkbox"/></p>

Other Transportation Notes: