

Watauga County Public Schools

Transportation Department

PO Box 1790, 253 Pioneer Trail
Boone, North Carolina 28607

Phone (828) 264-6391 Fax (828) 266-9694

Date of request:

Date to begin:

TRANSPORTATION FOR STUDENTS WITH SPECIAL NEEDS CONSENT FORM

FORM MUST BE UPDATED DURING THE ANNUAL REVIEW OF THE STUDENT'S I.E.P.

SCHOOL _____ BUS # _____

SCHOOL YEAR _____ GRADE _____

STUDENT _____

ADDRESS _____

WILL STUDENT RIDE THE BUS A.M., P.M., OR BOTH _____

PARENT / GUARDIAN _____

PLEASE LIST CURRENT EQUIPMENT STUDENT IS USING _____

IS THE REQUEST FOR EQUIPMENT?

A NEW REQUEST () CHANGE IN EQUIPMENT () THE SAME AS LAST SCHOOL YEAR ()

TRANSPORTATION NEEDS

CHECK APPROPRIATE BOX BELOW

- BUS WITH A MONITOR YES () NO ()
- HARNESS () SMALL () MEDIUM () LARGE ()
- BUS WITH A WHEELCHAIR LIFT ()
- OTHER _____

ARE THE TRANSPORTATION NEEDS INCLUDED IN THE STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) ? YES () NO ()

WERE THE TRANSPORTATION NEEDS APPROVED BY THE I.E.P. TEAM? YES () NO ()
IS EQUIPMENT TO MEET TRANSPORTATION NEEDS ALREADY ON THE BUS? YES () NO ()
ARE THE DRIVER AND MONITOR AWARE OF STUDENT'S SPECIAL NEEDS? YES () NO ()
IS SPECIAL TRAINING NEEDED FOR TRANSPORTATION PERSONNEL? YES () NO ()

PARENT'S / GUARDIAN'S SIGNATURE

DATE

PRINCIPAL'S SIGNATURE

DATE

I.E.P. TEAM REPRESENTATIVE'S SIGNATURE

DATE

(I.E.P. TEAM MUST MEET WITHIN 10 DAYS OF REQUEST)

RETURN FORM TO THE TRANSPORTATION DEPARTMENT AFTER COMPLETION

IF FORM DOES NOT INCLUDE I.E.P. TEAM REPRESENTATIVE'S SIGNATURE, FORWARD A SECOND COPY TO THE TRANSPORTATION DEPARTMENT WITH THE APPROPRIATE SIGNATURES WITHIN 10 DAYS OF THE REQUEST.