TRANSPORTATION REQUEST FOR SPECIAL EDUCATION SPECIALTY BUS DICKSON COUNTY BOARD OF EDUCATION/TRANSPORTATION DEPARTMENT 113 SYLVIS RD., DICKSON, TN. 37055 PHONE # 615-740-5970

Dear Parent or Guardian,

In order to provide your child with Special Ed. transportation, he or she must have an IEP and be assigned to a bus. Please complete the form below and return it to the driver/Transportation as soon as possible.

AM BUS #	PM BUS #		
CHILD'S NAME:			
CHILD'S NAME:FIRST	MIDDLE	LAST	
CHILD'S: SCHOOL:G	GRADE:AGE:DATE O	OF BIRTH:	
*NO POST OFFICE BOX WILL	BE ACCEPTED		
HOME ADDRESS:			
ADDRESS OF STOP IF NOT TH	IE HOME ADDRESS		
CHILD WILL RIDE <mark>: MORNING</mark>	GSAFTERNOON	вотн	
PARENT OR GUARDIAN NAM	E:	25%	
PARENT'S HOME PHONE NUM	MBER:EMERGENCY N	NUMBER:	
***Does child have any special ne	ME:EMERGENCY eds the driver should be aware of? Yes ete medical form provide by driver.	or No	
	parties that will be at the drop off location to receive your child. Transcial Education Specialty Buses.		
1.=	2.		
	4		
By signing below you have read a 34001. Safety of students assigned policy must be approved and docu	4. nd understood the school board policy, I to Special Education Specialty Buses. A umented in your child's IEP.	Transportation Safety Any exception from this	
5970)	your bus, please contact Melissa at the	•	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	•	
AM BUS #	PM BUS #		
STOP # AM	STOP # PM		
APPROX. PICKUP TIME	APPROX. DROP O	APPROX. DROP OFF TIME	

Revised 10/28/31