



LAWRENCE PUBLIC SCHOOLS
LAWRENCE MASSACHUSETTS

REQUEST FOR TRANSPORTATION

TODAY'S DATE: ___/___/___

EFFECTIVE DATE: ___/___/___

STUDENT D.O.B.: ___/___/___

STUDENT ID#: _____

SPECIAL EDUCATION

REGULAR EDUCATION

SPECIAL ED. & MEDICAL

HOMELESS / FOSTER

MEDICALLY FRAGILE

OTHER: _____

NEW RESTART CHANGE STOP

NAME OF STUDENT: _____

HOME ADDRESS: _____ HOME PHONE: _____

NAME OF PARENT/GUARDIAN: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____ EMER. PHONE: _____

SCHOOL: _____ GRADE: _____

IF OUT OF DISTRICT SCHOOL, START TIME: _____ END TIME: _____

SPECIAL REQUIREMENTS

DISABILTY

WHEELCHAIR VEHICLE

USES CRUTCHES/WALKER/LEG BRACES

RN/LPN REQUIRED

BEHAVIORAL

HARNESS REQUIRED

SEIZURE DISORDER

OTHER: _____

OTHER: _____

ALTERNATE PICKUP DROP-OFF ADDRESS: _____
(ONLY IF DIFFERENT FROM HOME ADDRESS ABOVE)

ALTERNATE CONTACT: _____ PHONE: _____

COMMENTS/OTHER INFORMATION: _____

REQUESTED BY: _____

Authorized Signature

PLEASE DO NOT WRITE BELOW THIS LINE

VENDOR ASSIGNED: _____ DATE: ___/___/___

ASSIGNED BY: _____ Transportation Dept.