

Mercer County Schools

Transportation Form for Special Education/504 students

This form must be completely filled out and include a copy of the **related service** page of the student's IEP.

Date of request _____ IDEA _____ 504 _____

Date of ARC meeting _____ School _____

Name of Student _____

Date of birth _____ Phone _____

Address _____ Grade _____

_____ Disability _____

Parent/Guardian _____

Child Needs: Lift _____ Seatbelt/Harness _____ Booster Seat _____

Reason for Request: _____

IEP Related Service Start Date _____ IEP Related Service End Date _____

Signature of ARC Chairperson _____ Date _____

Signature of DoSE _____ Date _____

Date DoSE receives written request _____

Date Transportation Code entered into IC _____

Date Transportation is notified _____

Transportation will begin no more than 5 days from ARC meeting.

Transportation Department

Preschool Bus# AM _____ PM _____

K-12 Bus# AM _____ PM _____

Original to DoSE for Due Process Folder Date _____

Copy to Transportation Date _____

Copy to Special Education Case Manager Date _____