



Grant Parish School Board

P.O. Box 208

Colfax, Louisiana 71417-0208

Phone: 318-627-3274 • Fax: 318-627-5931

Dr. Erin Stokes, Superintendent

Student Transportation Request

Please complete this form during the IEP/504. All information on this form is confidential.

Date: _____

1. Student's Name: _____ Race: _____ Sex: _____

Parent /Legal Guardian: _____

911 Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

In case of emergency, if you cannot be contacted, please contact:

Name: _____ Phone: _____

911 Address: _____ City: _____ Zip: _____

2. Does the IEP/IAP require the parent/guardian's supervision of the student at the home bus stop during loading and unloading? Yes• No•

A.M. Pick Up (same as above) or _____
Address city zip phone

P.M. Pick Up (same as above) or _____
Address city zip phone

Name of adult to receive student if parent/guardian is not present: _____

Phone: _____

3. School assigned to _____ from: _____

Time School Begins: _____ Time School Dismisses: _____

Assignment: • Permanent OR • Alternative #of Days _____



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4. Student Exceptionality: _____

- Inclusion
- Resource
- Self Contained

Reason for request: _____

Behavior Management Plan: • Yes (attached BMP) • No

Student Has an Individual Health Plan? • Yes(if yes attach plan) •No

Name of student's physician: _____ Phone: _____

5. Student's special needs for transportation: (Any special care that may effect safe transportation of the student). Example: child seat(up to 22 lbs), vest harness, seat beats, lift, attendant, modifications on the bus, medical concerns while on the bus, or specific accommodations:

6. Type of Bus needed: • Regular Ed • Special Ed • Special Ed with lift

7. Approved by _____

Signature of ODR

Date

8. Is student attending school on an out-of- zone permit? • Yes • No

9. If #8 is "yes", required Director of Special Education approval and signature.

Signature of Director of Special Education

Date

If information is not complete we cannot safely transport your child/children to school.

*****TO BE COMPLETED BY STUDENT TRANSPORTATION OFFICE*****

Date Received: _____ Time Received: _____ Date Assigned: _____

Bus#: _____ Bus Driver: _____ Phone: _____ Date Notified: _____

Date Parent/Guardian notified: _____ Time: _____ Notes: _____
