

**Montgomery County Schools  
Transportation Order  
For Students With Section 504 Plans: Complete and Submit To 504 District Coordinator**

THE TRANSPORTATION DEPARTMENT HAS UP TO 5 SCHOOL BUSINESS DAYS TO ESTABLISH SERVICES

Date: \_\_\_\_\_

**STUDENT INFORMATION:**

STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:	BIRTHDATE:	AGE:	GRADE:	GENDER:
STUDENT'S ADDRESS:			CITY:	STATE:	ZIP:	STUDENT ID:
STATE ID:						
PARENT/GUARDIAN/SURROGATE 1:			HOME PHONE:	WORK PHONE:	CELL PHONE:	
PARENT/GUARDIAN/SURROGATE 2:			HOME PHONE:	WORK PHONE:	CELL PHONE:	
PRIMARY DISABILITY/IMPAIRMENT:			SECONDARY DISABILITY/IMPAIRMENT:			

**TRANSPORTATION INFORMATION:**

**Request Type:**  
 504 - Next School Year  
 Other  
 504 - New Request  
 504 - Reinstatement  
 504 - School Change  
 504 - Pickup Auth. Change  
 504 - Address Change

**Explanation if "Other":** \_\_\_\_\_

**Program Type:**  
 Families in Transition  
 Preschool  
 TN Rehabilitation Center  
 Other  
 Behavioral Support  
 Hearing Impaired  
 Primary Modified  
 Voluntary Pre-K  
 Comprehensive Development  
 Intermediate Modified  
 Project SEARCH  
 English Language Learners  
 Orthopedic Limitations  
 Resource

**Explanation if "Other":** \_\_\_\_\_

**Reason for Transportation:** Due to  Disability  Placement **Per 504 Plan Dated:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Destination School:** \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Arrangements:**  Braces  Car Seat  Harness  Oxygen  Scooter  Walker  Wheelchair

**Medical Concerns:**  
 Feeding Tube  
 Non-verbal  
 Visually Impaired  
 Asthma  
 Hearing Impaired  
 Respiratory Problems  
 Nurse will Accompany Student  
 Diabetes  
 Heart Condition  
 Seizures  
 Service Animal will Accompany Student  
 Diastat  
 Hemophiliac  
 Tracheostomy Tube

**Other Medical Conditions or Allergies:** \_\_\_\_\_

**Instructions for Medical Concerns:** \_\_\_\_\_

**Other Behavioral or Safety Concerns:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**May the student be dropped off unsupervised:**  Yes  No

**If No, person(s) authorized to pick up student:** \_\_\_\_\_

Yes  No The parent/guardian signature contained herein confirms that all information on the Transportation Request form has been reviewed with the parent/guardian. The signed copy of this Request document will be provided to the Central Office for record keeping.

Parent/Guardian Signature(s) \_\_\_\_\_

Transportation	Add. Type	Contact Name	Address	City	State	ZIP	Contact Phone	M	T	W	Th	F	AM	PM	Start Date	End Date
<input type="checkbox"/> Special Ed Bus <input type="checkbox"/> General Ed Bus	<input type="checkbox"/> Home <input type="checkbox"/> Other															
<input type="checkbox"/> Special Ed Bus <input type="checkbox"/> General Ed Bus	<input type="checkbox"/> Home <input type="checkbox"/> Other															

**Office Use Only:**

**Creator:** \_\_\_\_\_

**Created Date:** \_\_\_\_\_

**Approver:** \_\_\_\_\_

**Approver Response Date:** \_\_\_\_\_

**Approver Response:**  Approved  Declined

**Approver Comments:** \_\_\_\_\_