

Candler County Board of Education
Program for Exceptional Children

**Special Needs Transportation
BUS REQUEST**

DATE REQUESTED: _____

EFFECTIVE DATE: _____

STUDENT'S NAME: _____ SCHOOL: _____

BIRTHDATE: _____ AGE: _____ PROGRAM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S NAME: _____

HOME PHONE NO.: _____ WORK PHONE NO.: _____

EMERGENCY CONTACT PERSON: _____ PHONE NO: _____

DIRECTIONS TO HOME: _____

MEDICATIONS: _____

ALLERGIES: _____

ANY SPECIAL NEEDS: _____

Transportation Department Only:

ROUTE	ASSIGNED BUS
A.M.	
MIDDAY	
P.M.	