

**WEST BONNER COUNTY SCHOOL DISTRICT NO. 83  
SPECIAL SERVICES**

134 Main Street Priest River, Idaho 83856  
Phone:(208)448-1423 Fax:(208)448-0849

**SPECIAL TRANSPORTATION REQUEST**

(To be completed **two** weeks prior to requested start date.)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address (or description of location of home):

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF REQUEST (to, from, time of pick up, destination, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOMODATIONS REQUIRED:

\_\_\_\_ Wheelchair lift      \_\_\_\_\_ Harness      \_\_\_\_\_ Seatbelt  
\_\_\_\_ Training or other special instructions for the bus driver (To be provided by the case manager)  
\_\_\_\_ Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST:

\_\_\_\_ IEP Committee decision      \_\_\_\_\_ Section 504      \_\_\_\_\_ Other: Please explain.  
\_\_\_\_\_

_____ Consulting Teacher	Required modifications to proposal: _____ _____
APPROVAL: _____ Director, Special Services	Comments: _____ _____
_____ Director, Transportation	_____ _____

Return approved request to: \_\_\_\_\_ Phone # \_\_\_\_\_  
Case Manager