

**Sevier County Schools**  
**Department of Special Education**  
 1834 Jack DeLozier Drive, Sevierville, TN 37876  
 (865) 453-1036 Fax (865) 453-3112  
 Transportation Coordinator: Bobby Harper  
 Request for Special Education Transportation

- Submission of this form is required to secure special transportation services.
- Fax directly to Special Education Department.
- Keep a copy in student's file.
- **Information must be updated and resubmitted to SPED each school year for student to access special transportation the following school year. Notify SPED Trans. Coordinator prior to initial transport date.**

School Year:		Date of Request:		Teacher Completing Request:	
Home School:		Student Name:			Grade Level:
School Attending Now:			Date Student Will Begin at School/Program:		
Home Address:			Phone: ( )	Parent/Guardian:	
Babysitter Name:		Address:		Phone: ( )	
Father Work: ( )		Mother Work: ( )		Emergency Phone: ( )	
Pick-Up Location: <input type="checkbox"/> Home <input type="checkbox"/> Other:		Location & Address:			
Drop-Off Location: <input type="checkbox"/> Home <input type="checkbox"/> Other:		Location & Address:			
School/Program:			Address (Must be in county, except for TSD):		
Classroom/Program Teacher:			Teacher Contact (if other than destination teacher)		
<input type="checkbox"/> Student will attend full day					
<input type="checkbox"/> Student will attend the following special schedule:					
Preschool: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
<b><u>Please check and provide necessary information if applicable:</u></b>					
<input type="checkbox"/> Student must be met getting <input type="checkbox"/> ON and/or <input type="checkbox"/> OFF the bus.					
<input type="checkbox"/> Physical (student in wheelchair, uses crutches, etc.)					
<input type="checkbox"/> Adaptation of bus seating (seat belt, car seat, etc.)					
<input type="checkbox"/> Special supervision required.					
<input type="checkbox"/> Communication needs (student non-verbal, signs, etc.)					
<input type="checkbox"/> Student has a health plan to address medical conditions.					
<input type="checkbox"/> Destination Teacher will provide bus driver and bus assistant with steps to address medical condition(s) (seizures, breathing difficulties, allergies, etc.).					
<input type="checkbox"/> Behavioral factors (Describe special attention needed.)					
<b>PARENT/GUARDIAN:</b> <ul style="list-style-type: none"> <li>◆ PLEASE ALLOW <b>FIVE WORKING DAYS</b> FOR TRANSPORTATION ARRANGEMENTS TO BE COMPLETED.</li> <li>◆ PLEASE HAVE STUDENT READY TO BOARD THE BUS <b>TEN</b> MINUTES BEFORE PICK-UP TIME.</li> <li>◆ PLEASE CALL 865-453-1036 IF STUDENT WILL NOT REQUIRE TRANSPORTATION FOR PICKUP AND/OR DROP-OFF ON A PARTICULAR DAY.</li> </ul>					