

BEVERLY PUBLIC SCHOOLS
SPECIAL NEEDS TRANSPORTATION

**FIRST TIME RIDER
REQUEST FORM**

STUDENT NAME: _____
(PLEASE PRINT)

ADDRESS: _____

PARENT OR
GUARDIAN NAME: _____

HOME PHONE #: _____

WORK OR EMERGENCY#: _____

SCHOOL NAME/HOURS: _____

GRADE: _____ PROTOTPYE _____ MONITOR REQUIRED: YES _____ NO _____

SPECIAL INSTRUCTIONS: _____
(IF ANY) _____

REQUESTED START DATE: _____

IEP SIGNED BY PARENT/GUARDIAN _____
DATE

****ALL TRANSPORTATION REQUESTS WILL HAVE A 2 DAY WAITING PERIOD BEFORE TRANSPORTATION WILL BEGIN. THE 2 DAY PERIOD IS FROM THE DATE THIS FORM IS RECEIVED BY THE SPECIAL SERVICES DEPARTMENT.**

****IF YOUR CHILD IS PICKED UP OR DROPPED OFF OTHER THAN YOUR HOME ADDRESS, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

DAYCARE PROVIDER NAME: _____

DAYCARE ADDRESS: _____ PHONE # _____

DAYS OF THE WEEK: MON. TUES. WEDS. THURS. FRI.

MORNING PICKUP AFTERNOON DROP OFF OR BOTH
(CIRCLE ALL DAYS AND TIMES ABOVE THAT APPLY)

IF THE ABOVE INFORMATION IS NOT CIRCLED WE WILL PICK UP AND DROP OFF YOUR CHILD AT YOUR HOME ADDRESS.

PARENT/GUARDIAN SIGNATURE: _____

