

2023-2024 EC TRANSPORTATION FORM

Check Appropriate Box Below

New/Changed IEP: Transferring Student: Address Change ONLY:

Student _____ Grade _____ Student No. _____

Parents: _____

Home Address: _____

Home School: _____ School Attending 2023-2024: _____

Effective Date for New Transportation: _____

All Sections Below Must Be Completed

Student has special transportation on their current IEP Yes No

Student is in a centralized placement Yes No

Student requires a bus monitor per IEP Yes No

Adult required at bus stop Yes No

Please Check the Appropriate Blank:

AM transportation is needed PM transportation is needed

Pick up address _____ Drop off address _____

Modified Day Schedule: Arrival Time at School: _____ Dismissal Time at School: _____

(Actual stop locations will be determined by transportation department)

List any concerns (medical, behavioral, seizures, medication, etc.) the bus staff should be aware of:

Please Check One

Student has BIP Student has Medical Care Plan

Student has Seizure Care Plan Not Applicable

Please list any type of support equipment needed for student: Please Check One

Wheelchair Lift/Hookups needed per IEP Appropriate Child Safety Restraint System (CSRS) as needed per IEP (Please see below) Not Applicable

Please specify which CSRS the student needs: Vest size: Small, Medium, Large or Booster seat(fold down mom seat)

2023-2024 Emergency Contact Form Attached (Completed and Signed by Parent or Guardian)

Student address is the same as the address listed in Powerschool. If not, please explain below:

School Staff Member Completing Form:

Signature _____

Printed Name _____

Date Form Completed _____

Submit form to E. C. Transportation Office

Scan and email to
shasta.simpson@cabarrus.k12.nc.us and cc
judith.nelms@cabarrus.k12.nc.us Do Not Fax

Signature of Person Sending Request _____

Date: Request Sent to
EC Transportation _____