



Administrative Procedure Form 552-1

TRANSPORTATION OF STUDENTS WITH INTENSIVE NEEDS

Home-to-School:

Student Name: _____ School: _____

Home Address (Street Address or Legal Land Location): _____

Phone: _____ Cell: _____

Description of student's needs; why does the student require alternative transportation?:

Program: Equine Therapy Aqua Therapy Life Skills Early Entrance

Pick up Location (Street Address or Legal Land Location): _____

Destination (Street Address): _____

Round Trip Distance (km): _____

Expected Period Transportation will be required for: (List dates)

Transportation will be by: Parent Staff Contractor

Name & Address of Person/Persons transporting student: (Payment will only be made to those listed)

*Use Administrative Procedure Form 552-2 Transportation of Students with Intensive Needs Expense Form

NWSD Office Use Only	
Authorized by: _____ (Supervisor of Transportation)	Date: _____
Authorized by: _____ (Director / Superintendent)	Date: _____
Approval Rate: _____	GL Account: _____