REGIONAL SCHOOL CHOICE OFFICE
MEDICAL TRANSPORTATION REQUEST FORM
SCHOOL YEAR 2024-2025

Initial Change Request Ticket #:_____(Office Use Only)

This section to be completed by parent/guardian.

_____ _____ _____
Student's Last Name First Name Date of Birth (M/D/Y)

_____ _____ _____
Student's street address City/Town Zip Code

_____ _____ _____
Parent/Legal Guardian's Name Home Phone Number Cell Phone Number

_____ _____
School Attending in 2024-25 Entering Grade in 2024-25

Please respond to the following questions:

1. Does your child have a Special Education IEP? ___Yes ___No
   If YES, does that IEP require transportation services? ___Yes ____No
   If YES, please attach a copy of the IEP to this form.

2. Does the child have a Section 504 plan? ___Yes ____No
   If YES, does that Section 504 Plan require transportation services? ___Yes ___No
   If YES, please provide a copy of the student's Section 504 Plan?

_____ _____
Parent/Legal Guardian's Signature Today's Date

This section is to be completed by the student's doctor.

1. Please describe the student's medical condition, which would require a closer bus stop for his/her school bus.

2. In what way (s) does this medical condition limit the student's ability to access school bus transportation?

3. When did the student begin treatment for this medical condition?
   Date:

4. What is the actual or expected date the student's treatment for this medical condition will cease and special transportation will no longer be required? Date: _____/_____/_____

_____ _____
Physician's Name (please print) Physician's telephone number

_____ _____
Physician's signature Today's Date

Physician's office must fax this to: Attn: RSCO/CREC TRANSPORTATION, Fax #860-509-3725
*****Forms submitted by parents/guardians will not be accepted*****