



Transportation Services
 2445 LaPorte Avenue
 Fort Collins, CO 80521
 970-490-3232
 970-490-3522 Fax

Medical Transportation Application

For students with a verified medical condition

A parent may request transportation for a student who has a verified medical condition. The request requires a letter from the student's doctor specifying the reason for the request. **Please read the information below, carefully.**

Application Process and Timeline

- Complete the information below, including the signature box at bottom of page.
- Obtain a letter from the student's doctor specifying the reason for the request and the length of time the request will need to be in effect.
- Return completed application and attached letter to:

Transportation Services
 Poudre School District
 2445 LaPorte Avenue, Building L
 Fort Collins, CO 80521
 -or-
 email: busrequest@psdschools.org
- Transportation Services will review the application and contact the parent at the phone number provided below.
- The parent is responsible for providing transportation for the student to and from school until a bus stop and route has been assigned for the student.
- Transportation Services cannot assign students to a bus that would exceed bus capacity. Poudre School District bases bus capacity on age group and size of bus.
- The *Medical Transportation Application* is good for one school year. Parents must submit a new application each year.

Bus Stop/Route Request

Indicate days of the week and location(s) for which you are requesting bus service. (Note: Transportation Services will do its best to accommodate your request, given time and equipment constraints as well as safety guidelines.) * indicates required field

To-School Location* (choose one):

Closest available bus stop to student's home

-or-

Closest available bus stop to:

Address: _____

Student does not need transportation to school.

From-School Location* (choose one):

Closest available bus stop to student's home

-or-

Closest available bus stop to:

Address: _____

Student does not need transportation from school.

Student Information

Complete the information below. Be sure to read carefully before signing.

Student name:* _____ Student ID#:* _____ School:* _____ Grade:* _____

Home address:* _____ City:* _____ State:* _____ Zip:* _____

I, _____^{Parent/guardian} * understand that it is my responsibility to transport _____^{Student} * to and

from school until Transportation Services notifies me that my student has been approved for transportation. I also understand that this application is good for one school year only. I am required to submit an application for each school year that I am requesting medical transportation for my student. I have attached a letter from the student's doctor specifying the reason and the period of time the student needs specialized transportation services. The best phone number to reach me is _____^{Phone} *.

Special Instructions:

*

 Please type Parent/Guardian first and last name Date

* By checking this box, I understand that the above text constitutes my signature.

Video/audio cameras on buses are used to help ensure student safety!