

UNIVERSITY ACADEMY SCHOOL DISTRICT
6801 Holmes Road
Kansas City, Missouri 64131
Phone: 816.412.5900 * Fax: 816.410.0322

SPECIAL TRANSPORTATION REQUEST
2009-2010

Student's Name:	Student's Birthdate:
Student's Address:	City, State, Zip Code:
Parent/Guardian Name:	Parent/Guardian Signature:
Home Phone #:	Alternate Phone #:

Students with a documented health condition that limits a major life activity may be eligible for special transportation arrangements. (Major life activities are such activities as walking, talking, breathing, thinking, learning, etc.)

DOCUMENTED HEALTH CONDITIONS MUST BE UPDATED EACH SCHOOL YEAR.

THIS SECTION MUST BE COMPLETED BY ATTENDING MEDICAL PROFESSIONAL

(Please print or type)

Describe the patient's diagnosis and any medical course of treatment as a result of this diagnosis:

Describe the patient's limitations as a result of this condition that necessitate special transportation:

How long is the special transportation required?:

Physician: Please check the appropriate box: It is recommended that the student walk no more than:

_____ 0 blocks/Door Stop _____ 1-2 blocks _____ 2-3 blocks _____ 3-4 blocks

Physician/Medical Provider Name (Printed):

Physician/Medical Provider Signature:

Name of Office/Clinic:

Address:

Physician Telephone #: