



**UNIVERSITY ACADEMY SCHOOL DISTRICT**  
6801 Holmes Road  
Kansas City, Missouri 64132  
Phone: 816.412.5900 \* Fax: 816-410.0322

**SPECIAL TRANSPORTATION REQUEST  
2011-2012**

<b>Student s Name:</b>	<b>Student Birthdate:</b>
<b>Students Address:</b>	<b>City, State, Zip Code:</b>
<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Signature:</b>
<b>Home Phone #:</b>	<b>Alternate Phone #:</b>

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. IT SHOULD BE NOTED THAT SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL.**

**This section must be completed by attending physician.**

(Please print or type)

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

Physician: Please check the appropriate description: Student's condition is:

\_\_\_\_\_ Mild                      \_\_\_\_\_ Moderate                      \_\_\_\_\_ Severe

Describe the patient's limitations as a result of this condition:

How long is the special transportation required?

\_\_\_\_\_  
Physician/Medical Provider Name:

\_\_\_\_\_  
Physician/Medical Provider Signature:

\_\_\_\_\_  
Name of Office/Clinic:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Physician Telephone #: