



**South Bend Community School Corporation
Special Education Services**

Community Training Transportation Request

- 1st Semester**
- 2nd Semester**

Start Date: _____

Days of the Week:

- Monday Departure
- Tuesday Time(s): _____ AM/PM
- Wednesday Return
- Thursday Time(s): _____ AM/PM
- Friday

School: _____ Door/Street: _____

Group: _____ Teacher: _____ Classroom Telephone: _____

Number of buses: _____ Special Needs: _____

Chair Lift: Yes Number of Car Seats: _____ Number of Seat Belts: _____
 No

Trip Purpose: _____

Destination: _____

Number of Passengers: _____ Number of Adults: _____ Number of Students: _____

Signature of Principal

Date

Signature of Director of Special Education

Date

**Fax completed form to the Special Education Office (283-8105) after obtaining the principal’s signature.
After the Special Education Director signs, the form will be faxed to Transportation Services.**