



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

**SPECIAL TRANSPORTATION REQUEST
2015-2016**

Student s Name:	Student Birthdate:
Students 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. 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 #: