JORDAN SCHOOL DISTRICT

Dr. Anthony Godfrey, Superintendent of Schools West Jordan, Utah

Special Education Busing Request for Sibling Rider School Year: 2025-26

All request forms must be signed by the school administrator and parent or legal guardian. All forms are to be submitted to the Transportation Department for final approval. The Transportation Department will determine if there is space available. Approval must be awarded by the Transportation Department prior to implementation of transporting this student. This permit is good only for the current school year. Annual reapplication is required.

School: Applicant's Name: Qualified Student Name:				Date:		
				Grade: _	Grade:	
				Grade:		
Address:						
Home Phone:			Cell Ph	none:		
Is this student attending yo	our school on a S _l	pecial Permit?	? YES	NO		
This request is to ride: (Circle)	AM PM	вотн	MIDDAY IN	MIDDAY OUT	
Parent / Legal Guardian Sign						
Below this line for Transpo *Important:	rtation Use Only					
be able to go TO/I	ROM school on t	the bus. How	ever, if the q	ualifying student	for any reason, the sibling rider will st misses three or more days instated for the qualifying student.	
 If placement of your sibling rider. 	ur qualifying stud	dent changes	during the so	chool year, this pe	rmit will no longer be valid for the	
 The sibling rider a bus and act appro 				-	o other student riders on and off the	
• Transportation inv conditions. (i.e. d					sion has been approved upon extreme udents, etc.)	
Approved	Denied			Reason		
Special Ed Route Coordina	tor:					

Transportation Director: _