



Miami-Dade County Public Schools
Division of Special Education

Project Victory Transportation Request

PLEASE COMPLETE A SEPARATE REQUEST FORM FOR EACH SCHOOL/JOB SITE

Teacher: _____	Job Coach: _____
Beeper: _____	Beeper: _____
School: _____	Work Site: _____
School Address: _____	Work Site Address: _____
	City, Zip Code: _____
School Telephone: _____	Work Site Telephone: _____
School Mail Code: _____	Work Site Contact: _____
School Contact: _____	Transportation Center: _____

Pickup/drop off information

Lift Bus Required Yes/No: _____	
Pick up at school (time): _____	Arrive at work site (time): _____
Pick up location: _____	Drop off location: _____

Return from work site information

Pick up at work site (time): _____	Arrive at school (time): _____
Pickup location: _____	Drop off location: _____

Second Group

Lift Bus required Yes/No: _____	
Pick up at school (time): _____	Arrive at Work Site (time): _____
Pick up location: _____	Drop off location: _____
Return from work site (time): _____	Arrival at school (time): _____
Pickup location: _____	Drop off location: _____

TRANSPORTATION CONCERNS

Teacher: _____
Site: _____
Contact Phone number: _____
Beeper: _____ Phone: _____
Bus #: _____
Bus Center *(please put a checkmark by the appropriate bus center)*:
 NW NE N S SW CN CE
Driver's name: _____

Concern *(please use back if necessary)*:

Please fax this form to Liane Smith 305-995-3094
Mail a hard copy to 9615, Attn.: Liane Smith