

# SPED / SPED Pre-K Transportation Appeal Form

Fax form to: **(South)** 305-234-9053 or 2679 **(North)** (305) 633-9220 or 9250

Student \_\_\_\_\_ ID \_\_\_\_\_ Grade \_\_\_\_\_ Address \_\_\_\_\_

Pre-K (circle one) AM PM FULL Alternate Address \_\_\_\_\_

School Requested Loc # \_\_\_\_\_ School Name \_\_\_\_\_

Program \_\_\_\_\_ Special Requirements \_\_\_\_\_

Parent \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Parent offered Reimbursement? YES NO Parent accepts reimbursement? YES NO

Staff Specialist \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Date \_\_\_\_\_

RMS \_\_\_\_\_ Mapping \_\_\_\_\_ Route Mgr. \_\_\_\_\_

Alternate School Options with Same Program						
SPED Department				Routing Department		
	Loc #	School Name	Status	Route y/n	Dist.	Notes
1						
2						
3						
4						
5						

**Status Codes: (A)vailable (C)losed (O)verloaded (P)arent Rejected**

**Routing Department**

Schools we can transport to: \_\_\_\_\_

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School final \_\_\_\_\_ Loc # \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

1. Parental Reimbursement 1 way Mileage: \_\_\_\_\_ Daily Rate \_\_\_\_\_
2. American Logistics Daily Rate \_\_\_\_\_ PO \_\_\_\_\_
3. MDCPS Routes Added \_\_\_\_\_

(Director Approval) \_\_\_\_\_ Date \_\_\_\_\_