
TO BE COMPLETED WHEN REQUESTING SPECIAL TRANSPORTATION ACCOMMODATIONS OF 90 DAYS OR LESS UNDER
CHAPTER 15 SECTION 504

Section 1 – Student Information

The following section should be completed by the parent/guardian requesting the accommodation:

Name of Student:	Student ID Number:
Name of School Student Attends:	Date of Request:

Section 2 – Medical Information

The following section is to be completed by the evaluating physician:

Date Accommodation Begins:	Date Accommodation Ends: <i>(accommodations exceeding 90 days require a 504 Plan)</i>
Describe Medical Diagnosis and Special Transportation Accommodation in this space: (or attach prescription form provided by evaluating physician containing the above information)	
Signature of Evaluating Physician: _____ Date: _____	

Section 3 – Signatures

I, as the parent, guardian, or person in parental relation to the student named above, am making this request for temporary special transportation accommodations (90-days or less) under the provisions of Chapter 15 of the Pa Code to afford the student equal opportunity to participate in and obtain the benefits of the school program and extracurricular activities.

X _____ **Date:** _____