



Levittown UFSD
Department of Transportation
Levittown, NY 11756



Request for Special Transportation

Student's Name _____ Date _____
Address _____ DOB _____
Telephone # _____ Grade _____ School _____

The above student is applying for door to door transportation. In order to make a determination on the request please supply the following information.

Diagnosis _____
Date of onset _____
Length of time door to door transportation requested _____
Physician's Name _____
Physician's Signature _____ Date _____
Address _____
Telephone # _____

For Office Use Only

School Nurse _____
School Physician _____
Building Principal _____