



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



DEPARTMENT OF TRANSPORTATION

Request for Special Transportation

Student's Name: _____ Date: _____

Address: _____ DOB: _____

Telephone Number: _____ 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 is requested: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Address: _____

Telephone Number: _____

For Office Use Only

School Nurse: _____

School Physician: _____

Building Principal: _____