

Student Transportation Action Request (STAR)

Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

SEE COMPLETION INSTRUCTIONS ON REVERSE.

A. Student Information

Name: First _____ MI _____

Last _____

DOB ____/____/____ Age ____ Grade ____ Gender: M F

Current Residence _____

City _____ State _____ Zip _____

Father's Name _____

Father's Phone: H) _____ W) _____

Mother's Name _____

Mother's Phone: H) _____ W) _____

Language Spoken at Home: _____

Emergency Contact: _____

Relationship: _____

Emergency Phones: _____

B. Current School Placement

_____ HS MS ES Private

Home school: Same Other _____

C. New School Assignment/Service Request (See reverse.)

TO—New School Assignment:

_____ HS MS ES Private

Effective Date ____/____/____ If temporary, until ____/____/____

PICK UP location and address (day care phone # if applicable)

DROP OFF location and address (day care phone # if applicable)

Student attends full school day at regular school hours and days.

Student does **NOT** attend school at regular school hours. Schedule is:

M T W Th F

Start Time ____:____ a.m. p.m. End Time ____:____ a.m. p.m.

H. Student Abilities Assessment

Answers below help determine transportation services.

1. **ATTENDANT**—Check Yes or No:

a. Can the student follow instructions for independently moving on/off a bus?
 Yes No

b. Can the student climb stairs unassisted? Yes No

c. Can the student be on the bus without close adult supervision in spite of his/her medical condition? Yes No

2. **LIFT EQUIPPED BUS**— Yes No If yes, what type? _____

Wheelchair Scooter Stroller

Electric (see restriction on reverse) Manual

Print student last name only here in large letters.

Student ID Number _____

D. Special Education or School Program (See reverse):

Code _____

Program: Full Name Description (PRINT) _____

E. Transportation Action

New/Start—Transportation is being arranged for the first time.

Change—Transportation revision due to change of:

School Program Pickup/Drop Off location

Residence Other: _____

Start/Change Transportation ASAP (within 7 to 10 days of request)

Delay Change/Start until ____/____/____

STOP TRANSPORTATION EFFECTIVE ____/____/____.

Stop—Student no longer needs specialized transportation.

F. Medical Information (See restrictions on reverse.)

Check if NO medical conditions related to transportation.

Doctor _____ Phone _____

Hospital Preference _____

Medical Information _____

Are there any *life threatening* issues? Yes No

If Yes, explain _____

Other: _____

G. Approvals

Completed by _____ Date ____/____/____

Title _____ Phone _____

Approved by _____ Date ____/____/____

Print Name _____

Title _____

Phone _____ Fax _____

3. **CHILD RESTRAINT**—

a. Is the student a flight risk, or does his/her behavior require confining the child to a seat? Yes No

b. Does the student have a medical condition that prevents maintaining a normal seated position? Yes No

If either a or b is checked yes, height and weight **MUST BE COMPLETED**.

Height (inches) _____ Weight (lbs.) _____

4. **STUDENT ABILITY**—Check Yes or No.

a. Is student's participation in school playground activities, physical education, and/OR sports restricted? Yes No

b. Is student's participation in neighborhood outdoor activities restricted for medical or behavioral reasons? Yes No

DOT USE ONLY

____/____/____ ____/____/____ _____ ____/____/____ _____ _____ _____ _____

Date Received Date Completed Router Initials Date Transportation Effective Inbound Route AM Stop Time Outbound Route PM Stop Time

Processed by _____ Pickup location _____ Drop off Location _____

Student Transportation Action Request Form (STAR) COMPLETION INSTRUCTIONS

PURPOSE: This Student Transportation Action Request (STAR, MCPS Form 336-42, revised 8/07) is used to establish, change, or delete (stop) transportation for all eligible students subject to established school boundary, walk, and other criteria. DO NOT use this form for homeless students – use HSTAR, MCPS Form 335-77B for homeless students only.

WHO USES THIS FORM: MCPS school administrators, IEP teams, and/or staff of MCPS offices must complete all information in full, including **Section H—Student Abilities Assessment** on the front of this form, for all new placements. Subsequent changes or deletions for the same student need only the pertinent information completed. Sections F and H can be left blank when a change is only for pickup/drop off locations. Legible approval signatures are required before processing.

SUBMITTING THE FORM: In most cases, the completed STAR form must come from special education, placement, or program offices. Please contact your program supervisor for more information.

PROCESSING: Transportation services are arranged as soon as possible unless otherwise noted. **REQUESTS MAY REQUIRE 7–10 SCHOOL DAYS FROM DATE OF RECEIPT TO COMPLETE.** All information is confidential. Verbal requests cannot be honored.

SECTION-BY-SECTION COMPLETION INSTRUCTIONS:

Top, right-hand box: In large, bold print, indicate only the student’s last name.

- A. STUDENT INFORMATION**—Complete all information including student ID number, address, and contact information. If this student will not get on or off the bus at their home address, indicate the recommended alternate pick up and drop off bus stop locations in the areas marked “PICK UP location” and “DROP OFF location” in this section. If this section is left blank, we assume residence is PICK UP and DROP OFF and we route accordingly.
- B. CURRENT SCHOOL**—Indicate what school this child presently attends, and whether this is the child’s home school placement.
- C. NEW SCHOOL ASSIGNMENT**—Placements should be made at a school nearest the student’s home that meets the student’s educational needs. Student transportation is subject to various service and boundary restrictions set for each program, as well as walk areas established by the BOE. CAUTION! Distant placements will result in lengthy ride times to and from school!
- D. SPECIAL EDUCATION OR SCHOOL PROGRAM**—Codes should be printed with the program name this child participates in. Many program code and name explanations are listed below. If not shown check “other”, and print program code and name.
- E. TRANSPORTATION ACTION**—Check to indicate whether this is a NEW/START or CHANGE REQUEST request. Check to indicate other information as shown, and any delay in starting date. Normal transportation arrangements can take up to 10 school days to arrange. Parents are notified by letter (summer) and/or telephone (school year)
- F. MEDICAL INFORMATION**—This is necessary confidential safety and emergency information. Complete section in full unless there is “no medical condition related to transportation.”
IMPORTANT: No wheelchairs/scooters with liquid-acid batteries are permitted unless it’s DOT approved! Children in strollers are transferred to bus seats.
- G. APPROVALS**—The appropriate MCPS official must complete this section **LEGIBLY**, before this form can be processed. Incomplete or unapproved forms will be returned to the requestor for completion, and may delay transportation arrangements.
- H. STUDENT ABILITIES ASSESSMENT**—Transportation services will be commensurate with student abilities indicated in this section. Complete all sections H1 through H4 as applicable.

SPECIAL EDUCATION OR SCHOOL PROGRAM CODES

504	Medical (Not Temporary)	LAD	Learning/Academic Disabilities
AAC	Augmentative Alternative Education	LANG	Language Disabilities
ALT	Alternative Education	LC	Secondary Learning Center
AUT	Autism	LFI	Learning for Independence
BRG	Bridge	MAG	Magnet School Programs (Central Stops)
CI	Chinese Immersion	METS	Multidisciplinary Education Training Support
DHOH	Deaf and Hard of Hearing	PD	Physical Disabilities
ED	Emotional Disabilities	PEP	Preschool Education Program
ELC	Elementary Learning Center	PREK	Pre-Kindergarten
ESOL	English for Speakers of Other Lang.	PVT	Private
FI	French Immersion	SCBP	School Community Based
GT	Highly Gifted (Central Stops)	SI	Spanish Immersion
GTLD	Gifted and Talented Learning Disabled	SPTH	Speech Therapy
HSTRT	Head Start	VIS	Vision Programs
IB	International Baccalaureate		