



Transportation Department  
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**EXCEPTION TO ELIGIBILITY  
Sibling Ride-Along Request**

Our Board of Governors authorizes the administration to provide school bus transportation to and from school for students with special needs who require transportation as a related service in their respective individual education programs.

If the special education bus has capacity to transport sibling(s) of a special education student, the bus may also transport the sibling(s).

If you wish to request transportation services on the same route for a sibling of a special education student, this form will need to be filled out completely and returned to the Special Education Department each school year for which the accommodation is requested. We will accommodate requests with the provisos that we have sufficient available seating on the same bus route as the Special Education student, that the Special Education student is riding the bus and that the 'sibling ride-along' consistently exhibits safe riding behavior.

Please allow up to (10) ten days for the Transportation Department to determine if an accommodation can be made and to authorize and communicate a change if approved. Please use one form for each school of attendance of affected students.

School Year: \_\_\_\_\_ School: \_\_\_\_\_

Special Education Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Day time Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested Route #: \_\_\_\_\_ Requested Bus Stop: \_\_\_\_\_

\_\_\_\_\_ To and From School      \_\_\_\_\_ In to School only      \_\_\_\_\_ From School only

I understand that approval for this accommodation is based upon availability of seating on the assigned bus. This approval may be rescinded should eligible ridership increase, the Special Education student does not ride or behavior of the sibling is unsafe or disruptive. I agree that I am responsible for my child getting to and from the bus stop safely and that I must submit a new request each school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Education Department:

Signature \_\_\_\_\_ Date \_\_\_\_\_