



ARKANSAS DEPARTMENT OF EDUCATION
Special Education

FY 2009-10
REQUEST FOR SCHOOL BUS PURCHASE
for
STUDENTS WITH DISABILITIES

The _____ ; _____ requests approval to purchase a
SCHOOL DISTRICT LEA #
_____ passenger school bus (Circle one) with / without wheelchair lift and _____ tie down stations. The
estimated cost is \$_____ and will be paid from (Circle one or more) Title VI-B ARRA /
Title VI-B / State & Local / Medicaid / Other _____ funds. A copy of the bus
specifications is attached.

We certify that this bus will be used for the specialized transportation of disabled students as
specified in students' IEPs.

Special Education Supervisor's Signature

Superintendent's Signature

Date

Date

The original of this completed form must be sent to:
Arkansas Department of Education
Special Education Unit
Grants and Data Management Office
1401 W. Capitol, Suite 450
Little Rock, AR 72201

* * * * *

ADE USE ONLY

The school bus listed above does / does not meet required school bus specifications for the
transportation of disabled students.

DATE

TRANSPORTATION MANAGER
AR PUBLIC SCHOOL ACADEMIC
FACILITIES & TRANSPORTATION

The school bus listed above is / is not approved for the purpose of providing specialized transportation
of disabled students as specified in the students' IEPs. Use of the funds indicated in this request is also
approved. All assurances in the ARRA and the IDEA Title VI-B Consolidated applications apply to this approval

DATE

ADE SPECIAL ED OFFICIAL