Special Transportation Request Form

Please print or type

Name: _____ Student #: _____

Last First M.I. S.S.N. ____-____-____

Home Address: _____ Home Phone: _____

Street

_____ D.O.B. ___-___-___

City State Zip

Height: _____ Weight: _____

Parent/ Guardian Information

Parent/ Guardian Name: _____

Address: _____ Home Phone: _____

Street

_____ Work Phone: _____

City State Zip

Parent/ Guardian Name: _____

Address: _____ Home Phone: _____

Street

_____ Work Phone: _____

City State Zip

Emergency Contact

Parent/ Guardian Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Street

_____ Work Phone: _____

City State Zip

School Information

Home School: _____ S/E School: _____ Program: _____

Grade: _____ Teacher: _____ Teacher Phone: _____

Medical Information

☐ Seizures ☐ Diabetic ☐ Hearing Impaired ☐ Visually Impaired ☐ Respiratory Prob.

☐ Non- Verbal ☐ Non- Ambulatory ☐ Other Please Describe:

_____

_____

Medication Taken:
Name: _____ Dosage: _____ Times Taken: _____
Name: _____ Dosage: _____ Times Taken: _____
Allergies: _____

Wheelchair? ☐ Yes ☐ No Type/ Brand: _____

Physician: _____ Phone: _____ Hospital: _____

Special Instructions for attending physician:

_____

_____

_____

Please review and circle any of the following medical/ health concerns that may apply:

Leg Elevations	Brace	May require snack
Crutches	Drools	Elimination Needs
Sling	Airway Difficulty	Gastrostomy
Helmet	Oxygen	Colostomy
Cane	Breathing Assistance	Vasectomy or Ureterostomy
Glasses	Bleeder	Diaper
Hearing Aid	Nothing by mouth	Harness
		Other

Please furnish any special information regarding any of the boxes checked:

_____

_____

_____

Special Behavior Management Needs

Please describe any behavior problems that may occur on the school bus:

_____
_____
_____
_____

Please describe any special interventions that may help control these behaviors:

_____
_____
_____
_____

Is any special training required for the driver/ aide?

_____
_____
_____

Is a special bus behavior management plan attached? ☐ Yes ☐ No

Transportation Information

Can child walk to a bus stop? YES NO
Can child be dropped off at home, without supervision? YES NO
Is an adult bus aide required? YES NO

Pick- up address: _____ Phone: _____

Drop- off address: _____ Phone: _____

Office Use Only

School Destination: _____ Program: _____
Teacher: _____ School Starting Date: __/__/_____
Attendance Days: Full Day____ A.M.__ M __T __W __Th. __F__
Half Day____ P.M.__ M __T __W __ Th. __F__
Received at Bus Garage: _____ By: _____
Transportation Started: __/__/____ Bus Numbers: A.M.___ Noon___ P.M. ___

Authorization For Transportation Services

Each of the following persons have participated in the development of these transportation service requirements and by signing below approves them for implementation.

_____	_____
Signature of Parent/ Guardian	Date
_____	_____
Signature of Parent/ Guardian	Date
_____	_____
Signature of Principal/ Program Supervisor	Date
_____	_____
Signature of Transportation Dept. Representative	Date

Authorization For Emergency Medical Treatment

If I, as a parent/ guardian of the above named student, cannot be contacted in the event of a medical emergency or traumatic injury demanding immediate medical attention, I hereby authorize district staff person or related service provider contracted for by the district to obtain such medical treatment for the above named student.

_____	_____
Signature of Parent/ Guardian	Date

If there are any changes in the student's health, medical or behavior status which the parent (s), physical, transportation or other school staff believe may merit changes in staffing, precautions to be taken, interventions, restrains, or any other procedure noted above, the concerned party shall immediately contact the Transportation Department who will in turn initiate the process to evaluate and recommend necessary change with the involvement of parent (s), physician, school, and transportation staff.

This form must be completed before Transportation can begin.
Parent or guardian is required to notify the bus garage immediately
Regarding any changes.

Please allow up to five (5) days after receipt of this form by the bus
Garage for service to begin.

Student Photo