

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: _____ Home Phone: _____
Address: _____ Work Phone: _____
Street
City State Zip

Parent/ Guardian Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Street
City State Zip

Emergency Contact

Parent/ Guardian Name: _____ Relationship: _____
Address: _____ Home Phone: _____
Street
City State Zip Work Phone: _____

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.

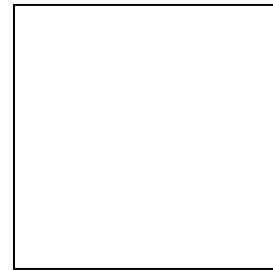
Signature of Parent/ Guardian

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