



2016 -2017 Specialized Transportation Request Form

Reason for New Form

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|--------------------------------------|--|---|--|
| <input type="checkbox"/> New Student | <input type="checkbox"/> Address Change | <input type="checkbox"/> Program Change | <input type="checkbox"/> New School Year |
| <input type="checkbox"/> Re-Start | <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Daycare Change | <input type="checkbox"/> Other (Specify) |

Student Name (Last, First, Middle):	Program:	Date of Birth:
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Home Address (Number, Street, Apt., City, Zip):	Home Phone Number:
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School Name:	Program Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Teachers Name:
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Requested Start Date:	School Start Time:	School End Time:	Recommended by IEP <input type="checkbox"/> yes <input type="checkbox"/> no
			Section 504 (Attach Copy) <input type="checkbox"/> yes <input type="checkbox"/> no

Parent/Guardian Contact Information:		
Name:	Work Phone:	Cell Phone:
Name:	Work Phone:	Cell Phone:

Alternate Drop-Off Address & Contact Information (Number, Street, Apt., City, Zip):

Alternate Phone #1	Alternate Phone #2	Contact Name & Relationship to Student:
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Pick-up Address (Only if Different from Home Address):	Phone Number:
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Drop-Off Address (Only if Different from Home Address):	Phone Number:
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Method of Student Transfer

- Identification Transfer (requires photo identification badge before services can begin)**
The parent/guardian or other individual over the age of 12 must meet the vehicle at the drop-off location and shall escort the student to the residence as needed. Identification badges issued by the Transportation Department must be presented in order to have the student released.
- Eye-to-Eye Transfer**
The driver shall have eye-to-eye contact with the parent/guardian or other individual over the age of 12 at the designated pick-up or drop-off location before releasing the student.
- Independent Transfer**
The student is released at the designated drop-off location without the presence of an authorized adult.

Emergency Information

Emergency Contact (Other than Parent):		
Home Phone:	Work Phone:	Relationship to Student:

I authorize the use of my student's picture on his/her transportation identification badge: <input type="checkbox"/> yes <input type="checkbox"/> no
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Signature of Parent(s)/Guardian(s):	Date:
Signature of Special Education Director (Required for New Services Only):	Date:

If the Student has specific transportation Needs due to medical behavior, etc., the Specialized Transportation Plan on the back page must be completed.

Transportation Use Only

Date Received:	Authorized Start Date:
Pick-up Bus: Time:	Drop Bus: Time:
Student ID#:	Picked-up: Mailed:

