Transportation Service Form

School District

Student:	Date of Birth:	Grade:
Student #:	Date:	Gender:
Exceptionalities:	School:	Parent/Guardian Contact and Phone #:
Placement: [] Out-of-Zone District School [] Out-of-District (specific Receiving District):		
Pick-up/Drop-off Location: [] Bus Stop [] Home Stop		
A.M. Address:		
P.M. Address (if different from A.M.):		
Home Address (If different from A.M./P.M. address):		
Communication Issues: [] Student uses sign language [] Student uses a communication device (please describe):		
[] Other (please describe):		
Equipment:		
[] Air Conditioning (physician request attached)		
[] Wheelchair () Manual () Motorized () Lap Tray (will remove during transit)		
[] Positioning or Seating Device		
[] Car Seat Height:		
[] Child Safety Restraint System (CSRS)		
() Safety Vest: Weight: () Integrated Seat: Waist:		
[] Lap Belt		
[] Crutches [] Walker [] Cane Can the student climb the bus steps? () Yes () No		
Medical Issues:		
[] Allergies (please describe): () Epi-Pen		
[] Asthma () Inhaler		
[] Brittle Bones		
[] Diabetic () Needs snack on bus		
[] Oxygen () Gas () Liquid		
[] Seizures () Medication (<i>please identify</i>): [] Shunt () Left () Right		
[] Tracheotomy Equipment		
[] Ventilator		
[] Other Health Conditions (please describe):		
Personnel:		
[] Attendant/paraprofessional to assist the student with:		
() Behavioral issues (include Behavioral Intervention Plan) () Physical Needs		
() Safety Needs		
[] Nurse		
[] 1:1 Attendant [] Other (please describe):		
Other Needs:		
[] Isolated Reimbursement [] Other (please describe):		
Plan B (short-term plan when equipment is broken, nurse is sick, etc.		
[] Parent will transport the student [] Other (please describe):		