

| Reason for New Form | | | |
|---|--|---|--|
| <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 Information | | | |
| Student Name (Last, First, Middle) | | Program: | Date of Birth: |
| Home Address (Number, Street, Apt., City, Zip): | | | Home Phone Number: |
| School Name: | Program Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | Teacher's Name: |
| 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: | |
| Pick-up Address (Only if Different from Home Address): | | | Phone Number: |
| Drop-Off Address (Only if Different from Home Address): | | | Phone Number: |
| Method of Student Transfer | | | |
| <input type="checkbox"/> Identification Transfer (requires photo identification badge before services can begin) <i>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.</i> | | | |
| <input type="checkbox"/> Eye-to-Eye Transfer <i>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.</i> | | | |
| <input type="checkbox"/> Independent Transfer <i>The student is released at the designated drop-off location without the presence of an authorized adult.</i> | | | |

Specialized Transportation Plan

Explain medical conditions/disability including behaviors, toileting needs, sensory issues, etc. that would impact the student during transit:

| Special Education Disability | Medical | Assistive Equipment |
|--|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Diabetes Hemophilia | <input type="checkbox"/> Braces Walker/ Crutches |
| <input type="checkbox"/> CI Severe/Profound | <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Oxygen/ Respirator |
| <input type="checkbox"/> CI Mild/Moderate | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Torso Restraint |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Respiratory System (type): _____ | <input type="checkbox"/> Car Seat |
| <input type="checkbox"/> Early Childhood Developmental Delay | <input type="checkbox"/> Seizure (type): _____ | <input type="checkbox"/> Booster Seat |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Temporary Injury (type): _____ | <input type="checkbox"/> Seat Belt |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Speech/Language Impairment | | Special Condition |
| <input type="checkbox"/> Other (Specify): _____ | | <input type="checkbox"/> Individual Health Plan (Attach Copy) |
| | | <input type="checkbox"/> Nurse Riding w/Student (Name): _____ |

Please provide additional information about the student's disability-related or medical needs here:

Consideration for the Bus Intervention Plan

- An alternative plan should be in place if the student is physically aggressive when it is time to board the bus.
- The plan should include options for the driver/aide if the student becomes a danger to self or others while in transit.
- The Supplementary Aids/Services adaptation page of IEP must be attached.

Bus Intervention Plan

Detail intervention strategies used in the school setting or recommended for the bus to address the needs identified above (i.e. student prefers shoes off, sitting in the front/back seats, not seated by certain students, allowed to have certain items on the bus such as headsets, book, toy, etc.)

Visual Schedule Picture Exchange Communication System Social Story for:

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: Yes No

| | |
|-------------------------------------|-------|
| Signature of Parent(s)/Guardian(s): | Date: |
|-------------------------------------|-------|

| | |
|--|-------|
| Signature of Special Education Director (<i>Required for New Services Only</i>): | Date: |
|--|-------|