

TRANSPORTATION CONFIDENTIAL STUDENT INFORMATION

School Year 20 ____ to 20 ____ Date Completed _____

Name _____ D.O.B. _____ Age _____

Home Address _____

Parent/Guardian Name _____

Home Phone _____ Emergency Phone _____

Work Phone 1 _____ Cell Phone # 1 _____

Work Phone 2 _____ Cell Phone # 2 _____

School _____ Grade _____

Teacher of Record / Nurse _____ Ext. _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY MEDICAL INFORMATION

Hospital Preference _____

Student's Doctor _____ Phone _____

Allergies _____

Special Medical Instructions

IHP Attached

BIP Attached

BUS ACCOMODATIONS:

Gen Ed _____ Special Needs Bus _____

Door to Door service required _____

Bus Monitor Required _____

Private Nurse _____

Preferential Seating (explain): _____

PROPOSED SECURANCES: (check all that apply)

Manual W/C _____ Power W/C _____ Stroller W/C _____ W/C Tray _____

Car Seat _____ Star Seat _____ Walker _____ Lap Belt _____

Safety Vest – **Check size:** Extra Sm _____ Sm _____ Med _____ Lrg _____

Walk on – no special equipment required _____

Air Conditioning Required _____

Other : _____

EC TRIP ACCOMODATIONS - SPED Bus Not Required

DOES THE STUDENT HAVE DIFFICULTY COMMUNICATING: (check all that apply)

Nonverbal _____ Pictures _____ Sign language _____ Communication Device _____

Other _____

DOES THE STUDENT HAVE INCREASED SENSITIVITY TO: (check all that apply)

Flashing Lights _____ Strobe Lights _____ Sunlight _____ Movement _____

Smells _____ Sounds _____ Temperature changes _____

Other _____

STUDENT CHARACTERISTICS / BEHAVIORS / DRIVER STRATEGIES