

# SPECIAL EDUCATION TRANSPORTATION / EMERGENCY INFORMATION 2018-19

Transportation for: **School Year**

Transportation BEGINS:

**ESY**

## Student Information

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student Last Name	First Name	5-6 Digit Student ID	Age	Grade	
<input style="width: 95%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Home Address	Zip	Pick Up Daycare	Pick Up Daycare Phone Number		
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Parent / Guardian	Phone Number	Drop Off Daycare	Drop Off Daycare Phone		

## School Information

### Safety Equipment:

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
School	School Contact	Contact Ext.
<input style="width: 95%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 30%;" type="text"/>
IEP Manager	IEP Mgr Ext.	Program

Wheelchair: electric / manual  
 Child Safety Restraint (EC Only)  
 Seat Belt  
 Safety Vest  
 Other: (Describe Below)

**Program Days:**    **Mon.**                    **Tues.**                    **Wed.**                    **Thurs.**                    **Fri.**

**Special Requests:**    Student does not need to be met at School (AM)

Student can be dropped without Caretaker present (PM)

Bus Assistant Required

Emergency Plan (Attach)

Homeless

Nurse Riding with (Name)

## Medical Information

<input style="width: 99%;" type="text"/>		
Disability Description		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Physician	Hospital	Method of Communication
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Emergency Contact 1		Emergency Contact 1 Phone
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Emergency Contact 2		Emergency Contact 2 Phone

## Notes

**\*\*For Transportation Department Use Only\*\***

**Attention:**

Route #	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Bus #	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Bus Stop:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Bus Stop Time:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**CASE MANAGER MUST NOTIFY PARENT/GUARDIAN OF TIMES AND BUS STOP!**

TO SCHOOL:

FROM SCHOOL:    \*Approximate Time Home

Confidential