

Routing:

SPECIAL TRANSPORTATION INFORMATION

Data Entry:

Form to be completed by school psychologist or specialist

Reviewed and signed by teacher, coordinator and transportation liaison

THE SCHOOL NURSE MUST BE NOTIFIED BEFORE ALL MHOH STUDENTS ARE TRANSPORTED

STUDENT NAME	STUDENT #	BIRTHDATE	SCHOOL LOCATION	GRADE
HOME ADDRESS (Including ZIP Code)				GENDER
				ZIP
ALTERNATE BEFORE SCHOOL PICKUP ADDRESS (If applicable)	PICK-UP DAYS	ALTERNATE PHONE	ALTERNATE CONTACT	
ALTERNATE AFTER SCHOOL DROP OFF ADDRESS (If applicable)	DROP-OFF DAYS	ALTERNATE PHONE	ALTERNATE CONTACT	
PARENT/GUARDIAN NAME			HOME PHONE	
EMERGENCY CONTACT (Include Name and Phone Number)				

PROGRAM <input type="checkbox"/> Special Education <input type="checkbox"/> 504 - Attach Copy of the Plan	Start Date _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day _____	BUS REQUIREMENT (Check all that apply) <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crutches <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Stroller <input type="checkbox"/> Carseat (40 lbs. or less) <input type="checkbox"/> Safety Vest - Size: _____ <input type="checkbox"/> OTHER: _____
CLASSES <input type="checkbox"/> Resource <input type="checkbox"/> Workshop/Pre-Voc <input type="checkbox"/> Deaf Ed/HH <input type="checkbox"/> BI <input type="checkbox"/> ADAPT <input type="checkbox"/> Preschool <input type="checkbox"/> DI <input type="checkbox"/> CAPE <input type="checkbox"/> MH-OH <input type="checkbox"/> Family Connections <input type="checkbox"/> School Nurse contact is required		

SPECIAL CONSIDERATIONS

NOTE... Routine protocol for emergencies on the bus: Pull over and contact dispatcher who will call 9-1-1. All bus drivers are First Aid/CPR trained.

Health/Medical concerns (be specific):

Behavioral concerns (be specific):

Communication concerns (be specific):

Name of person completing this form: _____ **Phone #:** _____

As teacher for this student, I have reviewed the above information for accuracy and request transportation to be routed.

_____ Teacher Signature _____ Phone _____ Date

_____ Coordinator Signature _____ Date

Transportation Liaison _____ **Date** _____

PICKUP & DROP OFF DETAILS - TRANSPORTATION COMPLETES WITH INPUT FROM SCHOOL AND PARENT

Bus attendant/aide required?
If yes, what duties are expected of the attendant?

Pickup location for the student:

Nearest stop - Regular Bus, no Aide (Student can walk alone up to 3 blocks)

Home stop - Regular Bus, no Aide (Student can walk with supervision up to 1 block)

Nearest stop arranged for safety Use corner of

Curbside pickup (usually in front of pickup location)
Justification for curbside be specific:

Can the student be dropped off at the residence without an adult present?