

# In-District Special Education Transportation

Transportation Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*LAST, FIRST*

Student's Home Address: \_\_\_\_\_  
*\* Do not forget to include apartment # if applicable*

Parent/Guardian: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Transportation to/from HOME: A.M. only \_\_\_\_\_ P.M. only \_\_\_\_\_ A.M & P.M \_\_\_\_\_



Transportation to/from SITTER: A.M. only \_\_\_\_\_ P.M. only \_\_\_\_\_ A.M & P.M \_\_\_\_\_

Sitter's Address: \_\_\_\_\_ Long Branch, NJ 07740  
*\* Do not forget to include apartment # if applicable*

Sitter's Name: \_\_\_\_\_ Sitter's #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## SPECIAL EDUCATION STUDENT INFORMATION

Allergies? _____	Transportation Required as part of students IEP? YES _____ NO _____
If yes, to what? _____	Does student qualify for <u>Extended School Year (ESY)</u> services? YES _____ NO _____
_____	Does student require a <u>Curb-to-Curb</u> bus stop? YES _____ NO _____
_____	Can student be routed at a <u>Group/Corner</u> stop? YES _____ NO _____
Seizures? _____	Can student ride a <u>REGULAR ED BUS</u> if mileage requirement is met? YES _____ NO _____
_____	If <u>3rd Grade+</u> can student be let off P.M. bus <u>without</u> an adult present? YES _____ NO _____
Diabetic? _____	Is <u>HARNESS/VEST</u> required? YES _____ NO _____

Student's Case Manager: \_\_\_\_\_ Ext: \_\_\_\_\_

STUDENT: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Are there any special requirements?/Important Information that will be helpful to safely and effectively transport this student to school? \_\_\_\_\_

Seat Student Behind Bus Driver _____	Seat Student Next to Bus Aide _____	Student Requires 1:1 Aide _____
If possible, p/u student last _____	If possible, d/o student first _____	Electronic Device(s) Permitted _____