



# BISD Special Education Transportation Form

## School Year 2011-2012

### STUDENT INFORMATION

Assigned School: \_\_\_\_\_ Home email address: \_\_\_\_\_

Grade: EE K 1 2 3 4 5 6 7 8 9 10 11 12

Program: DAEP ES DAEP MS DAEP HS HHR IBC ES IBC MS IBC HS IDS PDS PPCD K  
PPCD AM PPCD PM POST RDSPD SELF TRANS 504 Other \_\_\_\_\_

Days @ SLC: 10 days 15 days 20 days 30 days 40 days 50 days 60 days 80 days  
BCTAL \_\_\_\_\_ Home School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

AM Pickup Location: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

PM Drop-off Location: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Father Work #: \_\_\_\_\_ Mother Work #: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Bus will transport medication: No Yes (Controlled substances must be transported by an adult.)

Student's Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Hospital Address: \_\_\_\_\_

Communication Status: Verbal Non-verbal Difficult to understand

Health/Status Conditions: (Check all that apply): ADD/ADHD Autism Bipolar Blind Diabetic GI Tube  
Hearing Impaired Heart Condition Oxygen Seizures Shunt Other \_\_\_\_\_

Seizures – Action Plan:  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

Equipment: Car Seat Less than 40 lbs Harness Booster Seat Walker or Crutches Seatbelt  
Wheelchair: Yes No Does chair have a lap belt? Yes No Tray? Yes No

Behavior Management Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

Student is in (check): AM Program PM Program All Day Program

Student Drop-off: CANNOT be dropped off unattended CAN be dropped off unattended Student has a house key

Specific instruction(s) if no one is at drop-off location and student cannot be left alone:  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

#### • FOR OFFICE USE ONLY •

ARD Date: \_\_\_\_\_ Request for Transportation made by: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Mon Tue Wed Thu Fri

AM Bus Driver: \_\_\_\_\_ NOON Bus Driver: \_\_\_\_\_ PM Bus Driver: \_\_\_\_\_

Date faxed or emailed: \_\_\_\_\_

**NOTICE:** It may take up to three business days to put a student on a bus.