

SPECIAL TRANSPORTATION

Date: _____

Name of Student: _____ Date of Birth: _____

Special Ed Student is NOT able to attend _____ without special transportation.
(SCHOOL OF ATTENDANCE)

Refer to justifications checked below: Comments: _____

<input type="checkbox"/> Wears braces	<input type="checkbox"/> Walks with crutches/walker
<input type="checkbox"/> Uses a wheel chair	<input type="checkbox"/> Has seizures that are uncontrolled w/medication
<input type="checkbox"/> Is blind/deaf	<input type="checkbox"/> Unable to walk w/o assistance
<input type="checkbox"/> Is unable to move w/o assistance	<input type="checkbox"/> Has to be transported across campus lines to attend school
<input type="checkbox"/> Is extremely hyperactive	<input type="checkbox"/> Is extremely aggressive
<input type="checkbox"/> Is extremely hyperactive even w/medication	<input type="checkbox"/> Is extremely destructive
<input type="checkbox"/> Has a metal age below 6 in all 3 areas: social, verbal, performance	<input type="checkbox"/> Is extremely dangerous to self and/or others
<input type="checkbox"/> Other (explain)	
Special Considerations:	
<input type="checkbox"/> Seat belt (Lap)	<input type="checkbox"/> Shoulder harness
<input type="checkbox"/> 3 point belt	<input type="checkbox"/> Child car seat with/without head support
<input type="checkbox"/> Wheelchair Clamps	<input type="checkbox"/> Other:

Pick-up Address:

Parent Name: _____ Written Directions:

Address: _____

Phone No: _____

Delivery Address:

Parent Name: _____ Written Directions:

Address: _____

Phone No.: _____

Starting Date: _____

Bus No.: _____ Route _____

Applies if student is delivered to his/her home only:

If parent is not at home, the bus driver does/does not (circle one) have permission to leave child at his/her home. If your child cannot be left at home alone, he/she will be returned to the Bus Barn and it will be the parent's responsibility to get him/her home from the Bus Barn before 5:00 PM.

Bus Drivers are not authorized to change pick-up and delivery address. Changes must be made in writing at the Bus Barn, 348 Central Drive, Azle, TX 76020 at least 3 days before change are to be in effect.

Parent signature: _____ Date: _____

Address: _____ Home Phone _____

Other Contact: _____ Phone No.: _____

Signature of Transportation Director _____ Date: _____