

**SPECIAL EDUCATION TRANSPORTATION STUDENT INFORMATION**

School \_\_\_\_\_

Teacher \_\_\_\_\_

Students Name \_\_\_\_\_ (age) \_\_\_\_\_

Parents Name (Legal Guardian) \_\_\_\_\_

911 Address Street \_\_\_\_\_

Days child needs Transportation: (circle) M T W TH F

**Emergency Contact #1**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please allow 3-5 working days on any new address pick up or drop off.

**For Transportation office use only:**

Date Request Rec'd: \_\_\_\_\_

Bus #: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_