Confidential Student Profile – Specialized Transportation Request

Student:				Age:	Grade: _		
(Last)	(Fir		(Middle)				
Address:					NUST BE 9	11 ADDRESS	
				51	,		
Parent/Legal Guardian:	(Last)		(Middle)		/. Home		
	, ,	, ,	•			-	
Emergency Contact:				Phone:			
Home School: Assigned School:				Requested Start Date:			
		, <u></u>		<u> </u>			
Requested Pick-Up Locati	on (AM):						
Requested Drop-Off Loca	tion (PM):						
(Any stop location t							
Sna	oial Equipm	ont/Mobility	Accietance (D	المادة والمماد مادة	المراسمة عاماء		
•	ciai Equipii	ienulilobility	Assistance (Pl	lease check all t	nat apply):		
Student Can:							
Ride a bus		☐ Be left un	attended				
Ride a specially equip	ped bus	Transfer i	ndependently to	bus seat			
Communicate in prim	-		established bus s				
Communicate verball			ependently				
Communicate non-ve	=		h crutches				
Communicate non ve	i buny	Walk wit					
Student Needs:							
Assistance to get on/o	off hus	☐ Behavior	Management P	lan			
Assistance to transfer		Health Ca	_				
☐ Safety Vest		=	ative Communic	cation Device			
Positioning Belt		Safety As		cation Bevice			
Car Seat		Surety As	isistant				
Car Seat							
Securement for:							
Power Wheelchair	Manual W	/heelchair 🔲	Tray 🔲	Scooter(u	noccupied)		
Walker	Crutches	_	Oxygen \square	•	. /=	_	
Other information:							
Signature of Authoriz	ed School R	<u>epresentativ</u>	<u>'e</u>				
_		•			5.		
IEP Team Representative:		Date:					

Transportation Request WILL NOT be processed without the above signature

Please Fax to EC Director at 336-694-1857