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| [ ]  **New Student** [ ]  **Change of School** [ ]  **Change of Address** [ ]  **Change of Equipment** [ ]  **Other** Click or tap here to enter text. |
| **PLEASE PRINT** |
| Student Name: | Click or tap here to enter text. | Student Number: | Click or tap here to enter text. | Parent/Guardian: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | City: | Click or tap here to enter text. | ZIP: | Click or tap here to enter text. |
| Age: | Click or tap here to enter text. | DOB: | Click or tap to enter a date. | Grade: | Click or tap here to enter text. | Race/Sex: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |
| Emergency Contact Person/Phone # | Click or tap here to enter text. |
| **\*Requested Pick-up/Drop-off Address:** If location is a daycare or an apartment complex, enter name, address, and phone number. |
| AM Address: | Click or tap here to enter text. | PM Address: | Click or tap here to enter text. |
| ***\*Addresses which are outside the attendance zone of the school of attendance, or the school of assignment may not be served pursuant to the GCS Transportation Department Statement of Guidelines for Transportation of Exceptional Children.*** |
| **Explanation of Special Transportation Considerations or Health Concerns:** **Mobility Aids Required** – [ ] Walker [ ] Wheelchair (Manual)[ ] Wheelchair (Electric) [ ] Cane [ ] Crutches [ ] Braces [ ] Prosthesis [ ] Helmet [ ] Gastronomy Tube [ ] Respirator [ ] Shunt [ ] Tracheotomy [ ] Service Animal[ ] Safety Assistant/Nurse **Medical Aids**– [ ] Allergies [ ] Ambulatory Assistant [ ] Asthma [ ] Behavioral Management [ ] Diabetes [ ] Feeding Tube[ ] Hearing Aids [ ] Non-Verbal [ ] Orthopedic Assistant [ ] Oxygen [ ] Runner [ ] Seizures [ ] Sensory Aids [ ] Vision Impaired ***€It is the responsibility of the Physical Therapist to mark the tie-down locations on the frame of the student’s wheelchair.*** |
| **Parent Permission Regarding Child Safety Restraint System (CSRS) Usage:** |
| **For safe transportation purposes:** [ ]  **Yes**, my child **MUST** be secured in a CSRS appropriate for age/weight/height as determined by the Transportation Department. [ ]  **Yes**, my child **MAY** be secured in a (CSRS) if needed for safety reasons determined by the Transportation Department. [ ]  **No**, my child **SHOULD NOT** be secured in a CSRS. |
| If “yes” is checked for CSRS use, weight and height **MUST** be provided:  | Child’s weight | Click or tap here to enter text. | /height | Click or tap here to enter text. |  |
| For emergency school bus evacuation purposes, student [ ] **should**, or [ ] **should not** be removed from wheelchair |
| **EC Pre-K- 12th grade students are not permitted to get off the bus unaccompanied unless there is an adult present.** I understand it is my responsibility to be at the bus stop in the afternoon to receive my child. In the event an adult is not at the stop to receive my child, he/she may be returned to his/her school, and it will be my responsibility to provide transportation from school to home that day. **However, parents/guardians of 6th-12th grade students may request that their student(s) be allowed to exit the bus without an adult present WITH PRIOR AUTHORIZATION approved (via written request) by the school’s designated principal.** Students’ hygiene needs will be attended to as deemed necessary and appropriate by transportation staff. If necessary, school staff will submit the Supplemental Information Sheet to Transportation within ten (10) days of the student’s enrollment.  |
| In my absence, the following person(s) are permitted to receive my child.  |
| Name & Phone # | Click or tap here to enter text. | Name & Phone # | Click or tap here to enter text. |
| **Discuss with Parent: I understand that it is my responsibility to notify my student’s school of any address changes.** Families should notify their student’s resource teacher if there are changes to address and contact the school’s data manager to make the necessary changes in PowerSchool. The Transportation Department requires up to ten (10) workdays to make original assignment of or any necessary address changes for transportation. Changes of address may impact special school assignments depending on the new address and zoning. If the student does not ride the bus for three (3) consecutive school days, it is the responsibility of the parent/guardian to contact the appropriate supervisor in the Transportation Department to resume transportation services |
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| **EXCEPTIONAL CHILDREN’S DEPARTMENT USE ONLY – date received from school:**  | Click or tap to enter a date. |
| **Previous Assignment** |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
|  | Home School |  | Last School Attended |  | Teacher Contact |  |
| **2024-2025 Assignment** | Date Effective: | Click or tap to enter a date. | (up to 10 school days from submission to Transportation) |
| School |  | Teacher Contact |  | Phone |  |
| Classification | Click or tap here to enter text. | [ ]  AC [ ]  RBS [ ]  SIT | Arrival Time | Click or tap here to enter text. | Departure Time | Click or tap here to enter text. |
|  |  |  | (Complete if arrival/departure time is different from the published bell schedule.) |
| **Additional Information/Special Instructions:** |
| Click or tap here to enter text. |
|  |  |  | Click or tap here to enter text. |  |  |  |
|  | Exceptional Children’s Department Contact |  | Phone # |  | Date Faxed to Transportation |  |
|  |
| **TRANSPORTATION DEPARTMENT USE ONLY** |
| AM Bus Assignment\_\_\_\_\_\_\_\_ Pick-up Time\_\_\_\_\_\_\_\_ GCS Bus\_\_\_\_\_\_\_\_ First Student Bus\_\_\_\_\_\_\_\_ Effective Date\_\_\_\_\_\_\_\_PM Bus Assignment\_\_\_\_\_\_\_\_ Pick-up Time\_\_\_\_\_\_\_\_ GCS Bus\_\_\_\_\_\_\_\_ First Student Bus\_\_\_\_\_\_\_\_ Effective Date\_\_\_\_\_\_\_\_ |
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