



Northshore
School District

3330 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7900
FAX (425) 408-7902

Transportation

I have read and understood the procedures for Specialized Transportation

2018-2019 Special Education Transportation and Emergency Information

Transportation to be provided by Bus AM Bus PM Bus AM & PM Parent

If you live within the service area of your school of attendance would you like to utilize a Basic Education bus? No Yes AM PM Both AM & PM

Student Name (first & last) _____ Pupil # _____ Birth Date _____

Home Address _____ Home Phone _____

School Attending _____ Grade _____

Email Address _____

Preferred Method of Contact email home phone cell phone work phone

Parent/Guardian Name (first & last) _____ Preferred Phone (_____) _____

Alternate Phone (_____) _____

Parent/Guardian Name (first & last) _____ Preferred Phone (_____) _____

Alternate Phone (_____) _____

List people below who are able to receive your child if you are not available. (Must have valid ID)

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Only **one** stop location is allowed for the AM and only **one** stop location is allowed for the PM. If your child will be picked up or dropped off at a daycare or any other address, please fill out the following information.

(If left blank, transportation arrangements will be based on the home address noted above.)

Daycare Name _____

Daycare Phone No. (_____) _____ Contact Name _____

Daycare Address (street) _____

(city/state/zip) _____

Pick my child up from daycare Yes No

Return my child to daycare Yes No

(Please complete reverse side of form)

Transportation Accommodations (check all that apply)

- Walks Unassisted Walks with Assistance Wheelchair
 Requires Safety Vest Requires Assistance for Stairs Requires Car Seat (under 40lbs)

Does your student? Hit Bite Spit
Can your student be expected to put on his/her own seat belt? Yes No

Additional information or special instructions that would assist us _____

Medical Information (check all that apply)

- Asthma Respiratory Problems Diabetes
 Allergies — *please list* _____
 Seizures How often? _____ How long? _____

Action needed _____

Does student carry medication? Yes No
Student understands directions Always Frequently Seldom Never

Special instructions to assist in communicating (Do's and Do Not's) _____

Please sign here ONLY if you give written permission for your student to depart the bus WITHOUT a parent/guardian or authorized adult present.

Parent/Guardian Signature _____ Date _____

As a parent/guardian, it is my understanding that the information regarding my student will be shared with the bus driver(s) and three school days' notice is required for changes to my child's transportation plan. I have read and understood the 2018-2019 Specialized Transportation Information. This is considered confidential and is shared only with those who need to know.

Parent/Guardian Signature _____ Date _____

***Please return to the Transportation Department – 3330 Monte Villa Pkwy Bothell WA 98021
Or email to transportation@nsd.org***