



Northshore  
School District

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

FAX (425) 408-7902

## Transportation

I have read and understand the 2019-20 Specialized Transportation Information

\_\_\_\_\_ (initial required)

## 2019-2020 Special Education Transportation and Emergency Information

Transportation to be provided by  Bus AM  Bus PM  Parent Transport

**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 (first & last) \_\_\_\_\_ Student ID # \_\_\_\_\_ 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 3 school days' notice is required for changes to my child's transportation plan. I have read and understood the 2019-2020 Specialized Transportation Information and Procedures. 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](mailto:transportation@nsd.org)*