

SPECIAL SERVICES TRANSPORTATION FORM

(CIRCLE REQUEST BELOW)

STUDENT NAME: _____

Program Start Date: _____

A.M. Pickup Location: _____

Mid Day Address/Afternoon: _____

P.M. Take Home Location: _____

IEP Case Manager: _____

Home School: _____ (Transportation Only) Bus Route(s)#s / /

Indicate below any pertinent behavior/health issues that may affect the safety of transportation personnel and students.

TRAVEL MODE: Harness Car Seat Weight _____ lbs.
 Seat Belt Wheelchair

On return/home, does student need to be met at bus stop? Yes No

Name of person(s) your child is NOT to be left with: _____

Parent name and home address: _____ Phone: _____

Caregiver name and address: _____ Phone: _____

Emergency contact person: _____ Phone: _____

In the event of a medical emergency, list specific instructions (i.e. emergency medication, call 911, transport to hospital, notify parent/guardian):

As a parent or guardian, I agree this information is correct (Initials) _____

Submitted by: _____ Date _____

KDC (Keewaydin Discovery Center Preschool)

AM	Mon	Tue	Wed	Thur	Fri	9-11:30
PM	Mon	Tue	Wed	Thur		
ALL DAY	Mon	Tue	Wed	Thur	Fri	9-11:30

DP (Developmental Primary) DP School: _____

AM	Mon	Tue	Wed	Thur	Fri
PM	Mon	Tue	Wed	Thur	Fri
ALL DAY	Mon	Tue	Wed	Thur	Fri

DT (Developmental Therapy) DT School: _____

AM	Mon	Tue	No Wed	Thur	Fri
PM	Mon	Tue	No Wed	Thur	Fri

LS (Life Skills) LS School: _____

AM	Mon	Tue	Wed	Thur	Fri
PM	Mon	Tue	Wed	Thur	Fri
ALL DAY	Mon	Tue	Wed	Thur	Fri

Specific class times: _____

CI (Columbia Industries) RR Ave. Dayton St.

	Mon	Tue	Wed	Thur	Fri
Start time:	_____		End Time:	_____	

LCC (Lourdes Counseling Ctr. Children's Day Program)

AM 8:30-11:30	<input type="checkbox"/>	PM 11:30-2:30	<input type="checkbox"/>
AM Reduced Day 8:30-10:00	<input type="checkbox"/>	PM Reduced Day 1:00-2:30	<input type="checkbox"/>

The ARC

	Mon	Tue	Wed	Thur	Fri
Start time:	_____		End Time:	_____	

Tutoring Program Location (Bldg): _____

	Mon	Tue	Wed	Thur	Fri
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