

# Bath County Schools

## Special Transportation

School Year \_\_\_\_\_ School Attending \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address of Student \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name of Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Transportation Address (pick-up) \_\_\_\_\_

Transportation (drop-off) \_\_\_\_\_

Special Equipment \_\_\_\_\_

Positioning Requirements \_\_\_\_\_

Communication Issues \_\_\_\_\_

Medical Issues \_\_\_\_\_

Behavioral Issues \_\_\_\_\_

Additional Special Instructions \_\_\_\_\_

**Parent has been instructed that an adult indicated on the pick-up list must be present at the bus-stop during pick-up and drop-off. Parent or their designee must show driver/monitor ID until they are familiar with them. (Please refer to Parent Letter).**

Student is capable of walking, unassisted to the responsible adult, who is visible to the driver/monitor.

Adult must be at the curb to receive the student as he/she exits the bus.

**\*\*\*Must attach copies of the IEP page which indicates that special transportation is a related service and Copy of Transportation Pick-Up List.**

Starting Date Request \_\_\_\_\_ Form Completed by \_\_\_\_\_

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### TO BE COMPLETED BY BUS GARAGE

Starting Date \_\_\_\_\_

Pick-Up Time \_\_\_\_\_ Bus # \_\_\_\_\_

Drop-Off Time \_\_\_\_\_ Bus# \_\_\_\_\_

