

OJUSD MUSTANG MOVERS TRANSPORTATION DEPARTMENT
TELEPHONE 209-847-7003 Email- mustangmovers@ojusd.org
2023/24 School Year



Special Education Request for Transportation

Date: _____

Student Name:

Student Address:

Parent or Guardian

Phone number

() _____

Special Instruction/ Bus Plan:

Route # _____

NEW PLACEMENT TO BEGIN: _____

CHANGE TO BEGIN: _____

Pick up address (Different than Residence): _____ Time: _____

Responsible adult or agency: _____ Phone # _____

Return Address (Different than Residence): _____ Time: _____

Responsible adult or agency: _____ Phone # _____

SCHOOL TO ATTEND: _____

A.M. BELL TIME:

Route: a A.M. a P.M.

Day(s) of the week: All M T W TH F

Disability: _____ Grade: _____

TYPE OF CLASS: AUT DHH MM MH PH ED SH VH

SPECIAL NEEDS: *STAR seat _____ *Vest _____ *1:1 Aide _____ *Nurse _____ * Wheel Chair _____

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*Please see back student's weight student's weight chest size for guidelines Wheelchair C:] *1:1 Aide *Nurse

THERAPY SITE: SONOMA _____ **Day(s):** M T W TH F

A.M.: Drop at therapy site _____ a.m. OTHER up at therapy site _____ a.m. Drop at _____ School:

P.M.: Pick up at _____ School Pick _____

Drop at therapy site _____ p.m. Pick up at therapy site —p.m. Return

Drop: to end: _____ school attended: _____

COMMENTS/BUS PLAN:
