Tigard-Tualatin School District 23J
Transportation Department
6960 SW Sandburg Street
Tigard, Oregon 97223
503-431-4044
Return Form to: Dispatch@ttsd.k12.or.us

Special Needs Information Form

PLEASE PRINT

Student Information

Student Name _____

Birth date ___/ ___/___ Height_____ Weight_____

Home Address_____

Apartment Name _____

City _____ Zip _____

School

School: _____ Grade: _____

Class Start / End Time: _____ / _____

Class Room Phone # _____

Teacher / Learning Specialists:

_____ _____

Parent's Information

Parent 1_____Phone_____

Parent 2 _____Phone_____

Babysitter _____Phone_____

Emergency Information

Name _____

Phone 1 _____ Phone 2 _____

Allergies: _____

Emergency Protocol: Please attach to this form.

Transportation Needs

Start Date: _____

Pick-Up Address if other home: _____

Drop off Address if other home: _____

Transportation Needs:
___ Wheelchair, Manual / Electric (circle) ___Seatbelt Lock
___ Car Seat ___Safety Vest ___Crutches

May be left unattended at Home Y / N
May be left unattended at School Y / N

Special Needs / Behaviors

___ Autism Spectrum Disorder
___ Intellectual Disability
___ Emotional Behavioral Disability
___ Orthopedically Impaired
___ Visually Impaired
___ Hearing Impaired
___ Learning Disability
___ Seizures
___ Other (detail)

_____

Parent / Guardian Signature: **Date:**

_____ _____