

☐	Special Education
☐	504
☐	No Child Left Behind

Oroville Union High School District
Special Education
2139 Washington Ave, Oroville, CA 95966
Transportation Request

☐	Start	_____
☐	Change	_____
☐	Continue	_____

PLEASE PRINT CLEARLY

Student Name		Parents Name		Home Phone	Work Phone	Cell Phone
Address		Apartment Name & Number		TRANSPORTATION REQUIRED		
City	Zip	School Hours From _____ To _____				
Name of Special Program		Birthdate	Grade Level	**HOME-SCHOOL-HOME		
School		Address	School Phone	HOME-SCHOOL-SITTER		
				SITTER-SCHOOL-HOME		
				SITTER-SCHOOL-SITTER		
				HOME TO SCHOOL		
YES	NO	FACTORS AFFECTING TRANSPORTATION		EXPLANATIONS		
		CAN WALK TO/FROM A DESIGNATED BUS STOP <i>Gated community/apartment complex may not be accessed</i>				SITTER TO SCHOOL
		Wheelchair Dependent				SCHOOL TO HOME
		Walker Dependent				SCHOOL TO SITTER
		Requires assistance loading/unloading				
		Safety Vest				Name of Sitter
		Special Aide/Nurse required				Address
		Must be met at Residence or School				City
		Possible Problem with other children				Name of Responsible Party for Releases
		Diabetic				
		Subject to Seizures				
		Requires Medication				
		Special Equipment				
		Oxygen				
		Trach/Gast Tub				
		Restraints				
		Suction Machine				
		Other				
		Other				

REASON FOR TRANSPORTATION

_____ Placement away from Home School _____ Student Disability

Signature (Special Education/Health Services)

Date

PARENTAL RELEASE SIGNATURE

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE OROVILLE UNION HIGH SCHOOL DISTRICT, ITS EMPLOYEES, AND ITS AGENTS FROM ANY CLAIM OR DEMAND WHICH MAY BE MADE BY REASON OF MY AUTHORIZATION TO ALLOW MY CHILD TO WAIT FOR AND/OR LEAVE THE SCHOOL BUS AT A PREARRANGED LOCATION.

Parent Signature

Date

EMERGENCY POINTS OF CONTACT AND RESPONSIBLE PARTIES

IN CASE OF EMERGENCY, OR IF WE ARE UNABLE TO DELIVER YOUR CHILD TO YOU WE WILL ATTEMPT TO CONTACT THE FOLLOWING PEOPLE YOU DESIGNATE AS EMERGENCY POINTS OF CONTACT. IF WE ARE STILL UNABLE TO DELIVER YOUR CHILD, WE WILL DELIVER YOUR CHILD TO EITHER THE BUTTE COUNTY SHERIFFS DEPARTMENT OR THE OROVILLE POLICE DEPARTMENT FOR SAFE KEEPING

Name	Relationship	Phone	Name	Relationship	Phone
Name	Relationship	Phone	Name	Relationship	Phone
TRANSPORTATION USE ONLY					
Route #		AM STOP NO.		PM STOP NO.	

Distribution: WHITE - Transportation YELLOW - School PINK - Parent