# JERICHO UNION FREE SCHOOL DISTRICT
# JERICHO, NEW YORK

**TO:** **Transportation Department**

**FROM:**

**DATE:**

**RE:** **Transportation**

The Committee on Special Education has approved special bus transportation for the following student:

**NAME:** **DOB:**

**STUDENT ID:**

**ADDRESS:** **GRADE:**

**PARENTS:** **PHONE #:**

**CLASSIFICATION:**

**REASON FOR REQUEST:**

**SCHOOL:**

**EFFECTIVE START DATE:** **END DATE:**

**DATE: MATRON:** ☐ **AMBULATORY:** ☐

**MEDICAL ALERTS:** **HOURS:**

**CONTACT PERSON:** **PHONE:**

**ADDITIONAL COMMMENTS:**

**Cc:**