

2024-2025 SCHOOL YEAR
SPECIAL EDUCATION TRANSPORTATION FORM



TODAY'S DATE: ___/___/___

STUDENT NAME: _____ BIRTH DATE: ___/___/___

PARENT/GUARDIAN NAME: _____ HM/WORK #: _____

PARENT/GUARDIAN NAME: _____ HM/WORK #: _____

MAILING ADDRESS: _____

SPECIAL EQUIPMENT OR HEALTH NEEDS: (PLEASE CHECK ALL APPROPRIATE BOXES)

____ WHEELCHAIR ____ VISION IMPAIRED ____ HEARING IMPAIRED
____ SEIZURES ____ DIABETIC ____ SPEECH LANGUAGE IMPAIRED

Check one if child is 7 years of age or younger: _____ Child's age is 1 - 4 and 20 - 40 lbs
OR: _____ Child's age is 4 - 7 and 20 - 64 lbs or <57"

Please let us know of any other information that would help make transportation safe and supportive for your child: _____

STARTING DATE: ___/___/___ **SCHOOL:** _____ **GRADE:** _____ **PROGRAM:** _____
HOURS:* _____ **CHILD STUDY TEAM TEACHER :** _____
*PLEASE SPECIFY IF NOT ALL DAY

PICKUP ADDRESS: (MUST BE THE SAME ADDRESS ALL WEEK)

_____ **APT NO:** _____

PICKUP PHONE #: _____ **CONTACT PERSON:** _____

DIRECTIONS TO PICKUP: _____

STOP I.D. # _____ DELETE RT#: _____ ADD RT#: _____

DROP OFF ADDRESS: (MUST BE THE SAME ADDRESS ALL WEEK, BUT CAN BE DIFFERENT FROM PICKUP)

_____ **APT NO:** _____

DROP OFF PHONE #: _____ **CONTACT PERSON:** _____

DIRECTIONS TO DROP OFF: _____

STOP I.D. # _____ DELETE RT#: _____ ADD RT#: _____

MUST YOUR CHILD HAVE AN ADULT PRESENT WHEN DROPPED OFF?

____ **YES** - INFORMATION BELOW MUST BE FILLED OUT

IF WE DO NOT HAVE THIS INFORMATION AND NO ONE IS HOME TO RECEIVE THE CHILD, OUR ONLY ALTERNATIVE IS TO TAKE THE CHILD TO SOCIAL SERVICES OR THE FAIRBANKS POLICE OR STATE TROOPERS DEPARTMENT.

EMERGENCY CONTACT NAME / PHONE NUMBER: _____

____ **NO** YOU MUST FILL OUT THE RELEASE INFORMATION ON THE BACK!!!

*****PLEASE DOUBLE CHECK ALL OF THE INFORMATION*****
(RELEASE AUTHORIZATION IS ON THE BACK)

FAX completed form to: FNSBSD Special Ed. Dept at 451-6005.

Release Authorization

Please be advised that as a legal guardian of the special needs child named on the reverse I authorize the Fairbanks North Star Borough School District and FirstStudent to release my child from the school bus at my home under the following circumstances:

If I am not at home when the bus arrives with my child, he/she may enter the house unattended. I understand that my child must be physically capable of entering the house unassisted in order to invoke this option.

2) *Only if the person(s) listed below is present. Yes _____*

_____	_____	Over 18 years_____
_____	_____	Under 18 years_____
<i>Name</i>	<i>Relationship</i>	

_____	_____	Over 18 years_____
_____	_____	Under 18 years_____
<i>Name</i>	<i>Relationship</i>	

_____	_____	Over 18 years_____
_____	_____	Under 18 years_____
<i>Name</i>	<i>Relationship</i>	

_____	_____	Over 18 years_____
_____	_____	Under 18 years_____
<i>Name</i>	<i>Relationship</i>	

I/we further agree to indemnify the Fairbanks North Star Borough School District and/orFirstStudent, its successors and assigns, from any liability arising from the release of the above named student under the conditions described above.

_____ / _____
<i>Print Name</i> <i>Signature</i>

_____	_____
<i>Relationship to student</i>	<i>Date</i>