

Oakland Public Schools Special Education Transportation Form

SCHOOL YEAR: _____

ESY

RSY

ADD

CANCEL

CHANGE

STUDENT INFORMATION

Name: _____

D.O.B.: _____

GRADE: _____

Parent/Guardian: _____

Address: _____

Mom's Cell #: _____

Dad's Cell #: _____

Mom's Work #: _____

Dad's Work #: _____

Name Of Emergency Contact: _____

Emergency Contact Phone #: _____

PLACEMENT

School/Program: _____

School Address: _____

Teacher: _____

School's Phone #: _____

Hours From: _____

Hours To: _____

Start Date: _____

End Date: _____

Transportation Request: AM

PM

FULL DAY

SPECIAL REQUIREMENTS

Aide 1:1 or Bus Aide:	
Car Seat / Booster Seat:	
Wheelchair - Standard, Motorized, Stroller Type:	
Harness:	
Seizures:	
Braces, Clutches, Walker:	
Allergies:	
EPI Pen:	
Additional Instructions:	

**Please complete this form for all Special Education students that require mandated transportation.*

**Bus riders will only be added to route upon completion of form. Please allow 24-48 for bus assignments, tbe in place. Bus assignments can be found on the on the Parent Portal.*

Case Manager's Signature

Direct of Special Services

Transportation Specialist

Date Received