

# Oakland K-8 Public Schools Special Education Transportation Form

SCHOOL YEAR: \_\_\_\_\_

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ESY

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RSY

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ADD

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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, the in place. Bus assignments can be found on the on the Parent Portal.*

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Director of Special Services

\_\_\_\_\_  
Transportation Specialist

\_\_\_\_\_  
Date Received