

Special Ed.

Request for Special Transportation for 2025-2026

If you do not need transportation, please mark **Not Required** in Morning/Afternoon box

This form does not guarantee transportation. Once IEP is reviewed, you will be notified by phone if child qualifies.

TRACY UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION TRANSPORTATION APPLICATION

Please allow 2-3 weeks for processing

Require Per IEP	
<input type="checkbox"/> AIDE	<input type="checkbox"/> LVN

FOR CASE MANAGER USE ONLY	Transportation Route:
Student ID: _____	<input type="checkbox"/> Curb to Curb
School Site: _____	<input type="checkbox"/> Special Ed Bus Route
Teacher: _____	Behavior Plan:
Times: _____	<input type="radio"/> No <input type="radio"/> Yes (please attach)
Start Date: _____	Health Plan:
Transportation Type: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach)
PROGRAM SPECIALIST SIGNATURE: _____	PS REVIEW DATE: _____

Student: _____ Birthdate: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Email: _____

Parent/Guardian _____	Relationship _____	Cell Phone _____	Work Phone _____
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Parent/Guardian _____	Relationship _____	Cell Phone _____	Work Phone _____
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Lives With? Both Parents Mother Father Other: _____

MORNING PICK-UP <input type="checkbox"/> Not Required Address: _____ Apt#: _____ City: _____ Zip: _____ Adult Contact: _____ Phone: _____ ONE LOCATION ONLY WITHIN TUSD BOUNDARIES	AFTERNOON DROP-OFF <input type="checkbox"/> Not Required Address: _____ Apt#: _____ City: _____ Zip: _____ Adult Contact: _____ Phone: _____ ONE LOCATION ONLY WITHIN TUSD BOUNDARIES
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Car Seat Buckle Guard Wheel Chair Safety Vest
(As documented in IEP)

Special Instructions _____

An adult **MUST** be present. The driver must not deliver my child to the drop off address indicated above if there is **NO** adult present to receive my child.

- OR -

An adult **DOES NOT** need to be present. I give my permission for the bus driver to deliver my child to the drop off address indicated above. I shall **NOT** be present when my child is delivered. I choose **NOT** to provide adult supervision for the care and safety of my child following his/her delivery to the drop off address. Parent agrees to indemnify and hold District harmless in the event of injury to or by Student after Student is dropped off in accordance with the permission granted by Parent and indicated herein. Parent has had the opportunity to consult with legal counsel in regard to this agreement (indemnify and hold harmless) and enters into it knowingly and informed.

Signature (Parent/Guardian)

Date