

## 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**☐

AIDE

☐

LVN

**FOR CASE MANAGER USE ONLY**

Student ID: \_\_\_\_\_

School Site: \_\_\_\_\_

Teacher: \_\_\_\_\_

Times: \_\_\_\_\_

Start Date: \_\_\_\_\_

Transportation Type: \_\_\_\_\_

**PROGRAM SPECIALIST SIGNATURE:** \_\_\_\_\_**Transportation Route:**☐

Curb to Curb

☐

Special Ed Bus Route

Behavior Plan: \_\_\_\_\_

☐

No

☐

Yes (please attach)

Health Plan: \_\_\_\_\_

☐

No

☐

Yes (please attach)

**PS REVIEW DATE:** \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian

Relationship

Cell Phone

Work Phone

Parent/Guardian

Relationship

Cell Phone

Work Phone

Lives With? ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_**MORNING PICK-UP**☐ **Not Required**

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**ONE LOCATION ONLY WITHIN TUSD BOUNDARIES****AFTERNOON DROP-OFF**☐ **Not Required**

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**ONE LOCATION ONLY WITHIN TUSD BOUNDARIES**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