



Northshore
School District

Transportation

Do you need an interpreter? No ___ Yes___ Language Spoken? _____

3330 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7900
FAX (425) 408-7902

2025-2026 Special Education Transportation and Emergency Information

Transportation to be provided by ☐ Bus AM ☐ Bus PM ☐ Parent Transport

If you live within the service area of your school of attendance, would you like to utilize a Basic Education bus?

☐ No ☐ Yes ☐ AM ☐ PM ☐ Both AM & PM

Student (first & last) _____ Student ID _____ DOB _____

Home Address _____

Home Phone _____ Email Address _____

School of Attendance _____ Grade _____

Preferred Method of Contact ☐ Email ☐ Home phone ☐ Cell Phone ☐ Work Phone

Parent/Guardian Name (first & last) _____ **Alt. Phone #** _____

Parent/Guardian Name (first & last) _____ **Alt. Phone #** _____

List people below who are able to receive your child if you are not available. (Must have valid ID)

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

Only **one** stop location is allowed for the AM and only **one** stop location is allowed for the PM. If your child will be picked up dropped off at a day care or any other address, please fill out the following information.

(If left blank, transportation arrangements will be based on the home address noted above)

Daycare Name _____

Daycare Phone No. _____ Contact Name _____

Daycare Address _____

Pick my child up from daycare Yes No

Return my child to day care Yes No

(Please complete reverse side of form)

Transportation Accommodations (check all that apply)

- ☐ Walks Unassisted ☐ Walks with Assistance ☐ Wheelchair
☐ Requires Safety Vest ☐ Requires Assistance for Stairs ☐ Requires Car Seat (under 40lbs)
Does your student have a Behavioral Intervention Plan (B.I.P) ? ☐ Yes ☐ No

- Does your student? ☐ Hit ☐ Bite ☐ Spit
Can your student be expected to put on his/her own seat belt? ☐ Yes ☐ No

Additional information or special instructions that would assist us _____

Medical Information (Check all that apply)

- Does your student have a 504 medical plan? ☐ Yes ☐ No
☐ Asthma ☐ Respiratory Problems ☐ Diabetes
☐ Allergies — *please list* _____
☐ Seizures How Often? How Long?

Action needed

- Does student carry medication? ☐ Yes ☐ No
Student understands directions ☐ Always ☐ Frequently ☐ Seldom ☐ Never

Special instructions to assist in communicating (Do's and Do Not's) _____

**Please sign here ONLY if you give written permission for
your student to depart the bus **WITHOUT** a
parent/guardian or authorized adult present.**

Parent/Guardian Signature _____ Date _____

As a parent/guardian, it is my understanding that the information regarding my student will be shared with the bus drivers(s) and 3 school days' notice is required for changes to my child's transportation plan.
I have read and understood the 2025-2026 Specialized Transportation Information and Procedures. This is considered confidential and is shared only with those who need to know.

Parent/Guardian Signature _____ Date _____

*Please return to the Transportation Department — 3330 Monte Villa Pkwy Bothell WA 98021
Or email to transportation@nsd.org*