

TRANSPORTATION FORM FY 2025 -2026
VAN POOL

STUDENTNAME: _____

STUDENT'S ADDRESS: _____

STUDENT'S SCHOOL _____

HOME TELEPHONE #: _____

DOB: _____ Height: _____ Weight: _____ Car Seat Required; _____ Booster Seat Required: _____

PARENTS'/ GUARDIANS' NAMES: _____

WORK PHONE: _____ PARENTS CELL PHONE: _____

PARENT EMAIL _____

I understand that my child will be released only to a parent/guardian or to one of the following authorized adults. I give permission for any of the adults listed below, who will be at my house to receive my child in an emergency situation. If the location is different from the home address a written request must be sent to the director of special education, prior to the change, for approval.

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

Is there anything we should know about your child such as medical and behavioral issues to ensure safe transportation? Does your child need any specialized equipment? (i.e. wheelchair, seatbelt lock etc.). **Detail pick up/drop off locations if other than home.**

Parent/Guardian Signature

Parent/guardian option to be **signed only if you wish your child to be dropped off without an adult at home**: you have my permission to drop off my child alone without an adult present. I relieve the school district, the transportation company, and all employees of such of all liability and responsibility.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

I give my permission to allow my student (age 13 and above) to sit in the front seat of the vehicle.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

PLEASE CONTACT THE SPECIAL EDUCATION DEPARTMENT WITH ANY QUESTIONS REGARDING MEDICATIONS THAT NEED TO BE TRANSPORTED WITH THE STUDENT.