



Special Education Transportation

FOR SCHOOL USE ONLY - SCHOOL MUST FILL THIS SECTION OUT BEFORE SENDING TO SPED DEPARTMENT TO BE ROUTED

START DATE:	CASE MANAGER:	STUDENT ID:
SCHOOL:	PROGRAM	HOURS:

Student's Name:	DOB:
School:	Grade:

Today's Date:	<input type="checkbox"/> New Transportation Request <input type="checkbox"/> Change / Update Existing	<input type="checkbox"/> School Year 20__/20__ <input type="checkbox"/> Extended School Year (ESY / TESI)
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Parent/Guardian Name:	Phone:
Parent/Guardian Name:	Phone:
Mailing Address:	

Mark All That Apply:

- Vision Impaired
- Hearing Impaired
- Speech/Language Impaired
- Wheelchair
- Seizures
- Harness (Must be on IEP)

Star Seat Required:

- Under age 4 and 20-40lbs
- Age 4-7 and 20-60lbs or >57"
- Over age 8 and >57"

Any additional information that can enhance the safety and support of transportation for your child:

Pick-Up Address (must be the same all week)	Apt No:
Directions to or identifiers at pick-up location:	
Pick-Up Contact Name:	Pick-Up Contact Phone:

Drop-Off Address (must be the same all week)	Apt No:
Directions to or identifiers at drop-off location:	
Drop-Off Contact Name:	Drop-Off Contact Phone:

The Release Authorization Form (either on the back or attached) must be filled out before bussing can be set up.

Release Authorization Form

Student Name:	DOB:
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Please be advised that as a legal guardian of the special needs child named above, I authorize the Fairbanks North Star Borough School District and its designated bussing contractor to release my child from the school bus at my home under the following circumstances:

Must your child have an adult present when dropped off?

Yes: ***Emergency contact information is REQUIRED for this option***

Emergency contact information: *If we do not have this information and no one is home to receive the child, our only alternative is to take the child to social services, Fairbanks police, or the state troopers.*
 Emergency Contact Name / Phone Number: _____

No: ***Signature is REQUIRED for this option***

If I am not at home when the bus arrives with my child, he/she may enter the house *unattended*. I understand that my child must be physically capable of entering the house unassisted to invoke this option.

Only if the person(s) listed below are present:

Name:	Relation:	Over 18 years of age? Yes ___ / No ___
Name:	Relation:	Over 18 years of age? Yes ___ / No ___
Name:	Relation:	Over 18 years of age? Yes ___ / No ___
Name:	Relation:	Over 18 years of age? Yes ___ / No ___

I/we further agree to indemnify the Fairbanks North Star Borough School District and its designated bussing contractor from any liability arising from releasing the above-named student under the condition indicated.

Printed Name

Signature

Relationship to Student

Date