



San Ysidro School District
Special Education
TRANSPORTATION SERVICES REQUEST

Program	Transportation
☐ RSP	☐ Reg. Bus
☐ MM	☐ Sp. Ed.
☐ MS	☐ Curb to Curb
☐ 504	☐ Other
☐ Other	

Student _____ 2026-2027				
Last	First	DOB	School Site	Grade
Address _____				Phone _____
Parent/Guardian _____			Work Phone _____	
Emergency Contact _____			Phone # _____	
Home School _____	Seizures ☐ Yes ☐ No	Takes Medication ☐ Yes	Name: _____	

Driver to transport medication in sealed envelope. Parent/Guardian will not hold school district responsible for loss or damage.

Instructions for Driver when Parent/Guardian is not at home or at bus stop: Child is returned to his/her home school office, and it will be the parent's responsibility to come and pick up the child

Name of Teacher to contact regarding problems _____

I parent/ guardian, have received and understand the transportation rules and regulations of the San Ysidro School District and agree to services under these conditions.

Parent / guardian's signature	Date	Special Education Director or Designee	Date
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PLEASE DO NOT WRITE BELOW THIS LINE (for school district officials only)

Special Instructions and / or Student needs which Transportation Department should be aware of:

Description of student:

Disability/Diagnosis: _____

Special Health / Medical Problems _____

Behavioral Problems _____

Language in Home: _____

Additional Information _____

☐ The safest possible stop closest to home as determined by the Transportation Dept.	☐ Bus Stop to School/School to Bus Stop
☐ Manual Wheelchair	☐ Electric Wheelchair
☐ Seat Alone	☐ Harness
☐ Helmet	☐ Escort to Classroom
☐ Must be Met	☐ Baby/Car Seat
☐ Adult Supervision	☐ Tracheotomy

☐ **Curb to Curb:** A safe location/stop within walking distance from the home and dropped off at the school bus stop.

☐ **Home to Curb:** A stop that is in front of the home and dropped off at the school bus stop.

Route # to School	Route # Home	Start Date
Pick up Time at Stop	Departure Time from School	Stop Location

Special Instructions:

Signature of Transportation Supervisor _____

Date _____

Rejected for:

☐ Need Signature

☐ Not Legible

☐ Incomplete Information Date _____



Distrito Escolar De San Ysidro
Educación Especial
SOLICITUD DE SERVICIOS DE TRANSPORTACION

Program	Transportation
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Alumno(a) _____ **2026-2027**
Apellido Nombre Fecha de Nacimiento Escuela Grado Año Escolar

Domicilio _____ Número de Teléfono _____

Padre/Tutor _____ Teléfono del Trabajo _____

Contacto de Caso de Emergencia _____ Teléfono _____

Escuela de Residencia: _____ Convulsión ☐ Si ☐ No Toma Medicamento ☐ Si Nombre: _____

Conductor para transporte de medicación en sobre cerrado. El padre/tutor no responsabilizará al distrito escolar por pérdidas o daños.

Instrucciones al conductor si los padres no están en el hogar o en la parada de autobús: El niño será regresado a la oficina de su escuela y es responsabilidad de los padres recogerlo.

Nombre del maestro(a) a quien debe de comunicarse algún problema _____

Yo, como padre/tutor he recibido y comprendido las reglas de transportación del Distrito Escolar de San Ysidro y estoy de acuerdo con todas las condiciones.

Firma del padre/ tutor _____ **Fecha** _____

Special Education Director or Designee _____ **Fecha** _____

FAVOR DE NO ESCRIBIR POR DEBAJO DE ESTA LINEA (para uso de empleados del distrito escolar únicamente)

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