Roseville Joint Union High School District

Specialized Transportation

Confidential Emergency Information and Bus Pass Application Form

2026 - 2027 School Year

One student per application is required for all bus pass requests for every school year.
The following information must be provided by parent/guardian for students requiring specialized transportation.

SUBMIT: In Person **129 Berry St, Roseville** -- Email **BUSPASS@RJUHSD.US** -- Call **916-786-2723, ext 1390**

Student Information

Name:	School:	Student ID #:
Home Address:	Grade:	Date of Birth:

CHECK ALL THAT ARE ARE APPLICABLE: ☐ Homeless ☐ Foster ☐ Other:

☐ Verbal ☐ Non Verbal ☐ Seizures ☐ Non-Ambulatory
☐ Hearing Impaired ☐ Mental Disabilities ☐ Ambulatory
☐ Visually Impaired ☐ Behavior Disorder ☐ Severe Allergy *list* _____

SPECIAL BUS EQUIPMENT: ☐ Wheelchair ☐ STAR+ Seat ☐ Vest ☐ Folding Walker

Health Care Plan Issued by a RJUHSD Nurse: ☐ No ☐ Yes Behavior Intervention Plan *(BIP)* ☐ No ☐ Yes

Unattended Drop-Off ☐ No ☐ Yes* **If yes, an additional form is needed*

SPECIAL INSTRUCTIONS FOR ASSISTING YOUR STUDENT: (i.e. language, behavior, etc.):

TRANSPORTATION NEEDS: AM Route: ☐ PM Route: ☐ AM & PM Routes: ☐

Requested AM Bus Stop:	*Requested* PM Bus Stop:

**You may request a bus stop, but the final decision will be determined by the Transportation Department in line with IEP requirements.*

Medical Information *if applicable*

Student's Doctor:	Phone #:
Hospital Preference:	Address:

Allergies:

Current Medication/Dosage:

Special Instructions for Attending Physician:

Parent/Guardian Information

Parent/Guardian #1:	Phone #:	Alt. Phone #:
Parent/Guardian #2:	Phone #:	Alt. Phone #:
Emergency Contact:	Phone #:	Address:

ACKNOWLEDGEMENTS: By signing below, I indicate that I have read and will discuss with my student/s the RJUHSD Transportation Guidelines concerning the transportation of students and the rules that are enforced on district buses for the safety of students. I also verify that the information contained in this document is true and correct. I understand that falsification of information is cause for revocation of bus pass/es. Signature valid for this school year. ***SIGNATURE REQUIRED***

PARENT/GUARDIAN SIGNATURE 

DATE

DO NOT WRITE IN THIS SECTION -- OFFICE USE ONLY

Notes:

Roseville Joint Union High School District
1750 Cirby Way, Roseville, CA 95661
Transportation Department 129 Berry Street, Roseville, CA 95678 (916) 786-2723

TRANSPORTATION UNATTENDED DROP OFF 2026 - 2027



*If you do **NOT** want your student dropped off at their bus stop without an approved adult present, do not complete this form. By signing below you are giving permission for Roseville Joint Union High School District bus drivers to drop your student off without you being there.*

Parent Statement

I, _____, the parent of _____, a student attending a program operated by Roseville Joint Union High School District, Placer County Office of Education or Roseville City School District who is transported, in accordance with his/her Individual Educational Program (IEP) by Roseville Joint Union High School Transportation, hereby grant permission for my child to be dropped off after school without an adult present to receive him/her.

I understand and agree that by being dropped off, my child may:

1. Be alone after being dropped off.
2. Have to find his/her own way home.
3. Have no adult to supervise him/her.
4. Be subject to dangerous or hazardous conditions or situations.

I understand that there may be other risks involved, beyond those specifically mentioned above, incident to allowing my child to be dropped off as indicated and I fully assume all such risks on behalf of myself and my child.

On behalf of my child and myself, I understand and agree that my child is responsible, capable, and otherwise able to function independently at a level which would allow him/her to be dropped off with no adult supervision.

I understand and hereby agree to hold harmless, indemnify, and defend Roseville Joint Union High School District and their respective officers, employees, agents and representatives from any claim, demand, or liability arising out of, or related to the delivery of or dropping off of my child without adult supervision being present.

_____ _____

Parent/Guardian Signature **Date**