Oakland PreK-8 Public Schools Special Education Transportation Form

SCHOOL YEAR: _____ ☐ ESY ☐ RSY

☐ ADD ☐ CANCEL ☐ CHANGE

STUDENT INFORMATION

Name: _____

D.O.B.: _____ GRADE: _____

Parent/Guardian: _____

Address: _____

Mom's Cell #: _____ Dad's Cell #: _____

Mom's Work #: _____ Dad's Work #: _____

Name Of Emergency Contact: _____

Emergency Contact Phone #: _____

PLACEMENT

School/Program: _____

Program Hours: (Circle One) AM PM FULL DAY

Start Date: _____ End Date: _____

Transportation Request: To School ☐ To Home ☐ Round Trip ☐

Alternate Pick Up or Drop off Location
(for T.O.P.S. only) _____

SPECIAL REQUIREMENTS

Aide 1:1 or Bus Aide:				
Car Seat / Booster Seat:				
Wheelchair - Standard, Motorized, Stroller Type:				
Harness:				
Seizures:				
Braces, Clutches, Walker:				
Allergies:				
EPI Pen:				
Additional Instructions:				

**Please complete this form at the students IEP meeting for all Special Education students that require transportation*

**Bus riders will only be added to route upon completion of form. Please allow 24-48 for bus assignments, tbe in place. Bus assignments can be found on the on the Parent Portal.*

Case Manager's Signature

Director of Special Services

Parent Signature

Date Received