

# SPECIAL TRANSPORTATION 2018-2019

**CHANGES TAKE A MINIMUM OF 3 WORKING DAYS TO PROCESS**

**PLEASE NOTE:** When a PERMANENT change needs to be made, a REVISED bus information sheet must be completed and returned to the school office, or emailed to Transportation at [trans@dist50.net](mailto:trans@dist50.net), or you may fill out a new bus sheet online at [www.dist50.net](http://www.dist50.net).

**CIRCLE:**    **PRIMARY**    **AM**    **PM**    **ALL DAY**    **WELE**    **EC**    **TEACHER:**  
**ELEMENTARY**    **EAST**    **WEST**    **INTERMEDIATE**    **MIDDLE**

**STUDENT INFORMATION** (PLEASE PRINT NEATLY; PLEASE FILL OUT COMPLETELY; 1 STUDENT PER FORM)

LAST NAME		FIRST		NICKNAME		MI	
ADDRESS			APT #	CITY		ZIP CODE	
HOME PHONE		AGE	GRADE	BIRTH DATE	SEX	WEIGHT (LBS)	

CHILD LIVES WITH: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH \_\_\_\_\_ OTHER \_\_\_\_\_ STEP/GUARDIAN

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
FATHER'S WORK #

\_\_\_\_\_  
ALTERNATE # (CELL, PAGER)

\_\_\_\_\_  
MOTHER'S WORK #

\_\_\_\_\_  
ALTERNATE # (CELL, PAGER)

\_\_\_\_\_  
FATHER'S EMAIL

\_\_\_\_\_  
MOTHER'S EMAIL

PLEASE PROVIDE INFO FOR SOMEONE OTHER THAN YOURSELF

**NAME & RELATIONSHIP:**

**EMERGENCY PHONE #:**

**PLEASE FILL OUT IF YOU WOULD LIKE YOUR STUDENT TO BE ASSIGNED SOMEWHERE OTHER THAN HOME**

<b>ALTERNATE LOCATION:</b>	<b>BEFORE SCHOOL</b>	<b>AFTER SCHOOL</b>
NAME	_____	_____
ADDRESS	_____	_____
PHONE NUMBER	_____	_____

**SEAT BELTS ARE REQUIRED FOR ALL STUDENTS RIDING ON A SMALL BUS**

IF YOUR START DATE EXCEEDS  
THE CUSTOMARY 3 DAYS  
PLEASE LIST YOUR DESIRED

\_\_\_\_\_  
**DESIRED START DATE**

NEW _____	REVISED _____
TRANSPORTATION RECEIVED DATE:	
TRANSPORTATION START DATE:	

**Don't forget to sign up  
for our Emergency  
"REMIND" Alerts at  
[www.dist50.net](http://www.dist50.net)**

**WHAT MAY WORK FOR MY CHILD:**

\_\_\_\_\_ IGNORE LANGUAGE      \_\_\_\_\_ SHORT, CLEAR DIRECTIONS      \_\_\_\_\_ EYE CONTACT  
\_\_\_\_\_ NO MATERIALS AT SEAT      \_\_\_\_\_ DO NOT TOUCH      \_\_\_\_\_ SIT ALONE  
\_\_\_\_\_ OTHER: \_\_\_\_\_

THE FOLLOWING ITEMS MUST BE TRANSPORTED: \_\_\_\_\_

**MEDICAL: (THIS WILL BE KEPT STRICTLY CONFIDENTIAL)**

IS YOUR SON/DAUGHTER ON ANY ROUTINE MEDICATION?      \_\_\_\_\_ YES      \_\_\_\_\_ NO  
IF SO, WHAT TYPE? \_\_\_\_\_

STUDENT'S METHOD OF COMMUNICATION: \_\_\_\_\_

BEHAVIOR CONCERNS: \_\_\_\_\_

IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOUR CHILD? \_\_\_\_\_

**ALL WHEELCHAIR STUDENTS:**

**MUST HAVE SEAT BELT ON! MUST HAVE PROPERLY WORKING BRAKES!**

WHEEL CHAIR \_\_\_\_\_ YES \_\_\_\_\_ NO

TRAY: \_\_\_\_\_ YES \_\_\_\_\_ NO

SAFETY VEST: \_\_\_\_\_ YES \_\_\_\_\_ NO

NECK COLLAR: \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER: \_\_\_\_\_

<b>MY STUDENT CAN GET OFF THE BUS:</b>	
<input type="checkbox"/>	WITH THE FOLLOWING RESPONSIBLE PARTIES: _____
<input type="checkbox"/>	PARENTS ONLY
<input type="checkbox"/>	BY THEMSELVES (EC/WELE MUST HAVE A RESPONSIBLE PARTY)



\_\_\_\_\_  
**PARENT / GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**