Northwest Education Services

Traverse City, Michigan
NorthwestEd.org

Transportation Request

This form must be completed BEFORE transportation can begin. Parent or guardian is required to notify the local transportation department immediately regarding any changes. **Please allow up to ten (10) days after receipt of this form by the local transportation department for service to start.**

Student:______________________________ UIC:________________ Date:____________

Address: ____

City, State, Zip:__________________________ Home Phone:___________ DOB:___________

Parent Name:__________________________ Disability Label: _____________________

Attending School:________________________ Resident School District:_________________

Program:___________________ Director of Program:________________ Phone:___________

*Pick-up Address:________________________ Zip:________________ Phone:___________

*Drop-off Address:________________________ Zip: ________________ Phone:___________

*Must be a SINGLE pick-up/drop-off address. Multiple addresses will be parent/guardian responsibility.

Attendance Days: Full Days M T W TH F ALL

Half Days M T W TH F AM PM

Emergency Contacts:

Name:____________________________________ Relationship:____________________

Phone:___________________(home) ________________(work) ________________(cell)

Address: _________________________________ City, State, Zip:____________________.

Name:____________________________________ Relationship:____________________

Phone:___________________(home) ________________(work) ________________(cell)

Address: _________________________________ City, State, Zip:____________________.

Current Medications:

Medication:____________________________ Dosage:_______________ x___________

Medication:____________________________ Dosage:_______________ x___________

Medication:____________________________ Dosage:_______________ x___________

Allergies:____

Seizure Plan: ___Yes ___No

Family Physician:_______________________________ Phone:__________________

Distribution: White-Transportation Supervisor Yellow-Attach to IEP

Student:______________________________________ UIC:____________________ Date:_____________

Is student physically able to walk to an established bus stop? ___Yes ___No
If no, please explain____

Can student be transported on a regular education bus? ___Yes ___No
If no, please explain____

Can student be released without supervision? ___Yes ___No
If no, please explain____

Does the student require a wheelchair? ___Yes ___No
If yes, wheelchair must be approved and properly maintained. Owner of wheelchair_________________________

Is a bus assistant required? _____ IEP:____________ ___Yes ___No

If yes, please explain____

___Behavior ___Medical ___Bus Assistant available on bus?

Please check the following that apply:

___Airway Difficulty
___Bleeder
___Breathing Assistance
___Diabetes
___Elimination Disorders
___Hearing Impairment
___Non-Verbal
___Oxygen
___Respiratory Problem
___Seizure Problems
___Visual Impairments

Please check the following that concern you:

___Abusive toward themselves
___Difficulty understanding directions
___Physically assaultive
___Verbally assaultive
___Insubordinate

Comments and Insights: (If any of the above apply, how severe is the concern?)

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____

Other Recommendations:

____

____

Strategies that work at school:

___Assigned seating
___Divert attention
___Non-verbal cues
___Praise for better behavior
___Use of humor
___Verbal cues
___Behavior Plan Developed

Explain: (Behaviors we expect to see related to the child's disability)

____

____

Authorization for Emergency Medical Treatment

If I, as the parent/guardian of the above named student, cannot be contacted in the event of a medical emergency or traumatic injury demanding immediate medical attention, I hereby authorize any district staff person or related service provider contracted by the district to obtain such medical care and treatment for the student.

Parent/Guardian Signature:____________________________________ Date:__________________________

Administrator Receiving Request:________________________________ Date:__________________________

Distribution: White-Transportation Supervisor Yellow-Attach to IEP