

Student ID \_\_\_\_\_

SED  LS-ACE

DLA  SIERRA

**St. Vrain Valley School District RE-1J  
BUS TRANSPORTATION FORM  
FOR SPECIAL NEEDS STUDENTS  
2018-2019**

Specialized Transportation  
 Administratively Placed

504 Plan  
 Preschool

NAME OF STUDENT \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Student's Residence \_\_\_\_\_ Attendance Area School \_\_\_\_\_

A.M. STOP LOCATION \_\_\_\_\_ Day Care

A.M. STOP PHONE \_\_\_\_\_

P.M. STOP LOCATION \_\_\_\_\_ Day Care

P.M. STOP PHONE \_\_\_\_\_

School: MAIN STREET SCHOOL Start Time \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**CHECK ALL THAT ARE APPLICABLE REGARDING STUDENT:**

- Non-Verbal                       Hemophiliac                       Visually Impaired                       Severe Asthma
- Mentally Disabled                       Diabetic                       Hearing Impaired                       Seizures
- Tracheotomy Tube                       Oxygen                       Shunt                       Self-Abusive
- Gastrostomy Tube                       Difficulty Walking
- Other: \_\_\_\_\_

Known allergies: \_\_\_\_\_

MEDICAL INFORMATION FOR THE BUS: \_\_\_\_\_

Check if additional information is attached.

**CHECK ALL REQUIRED ASSISTIVE DEVICES/EQUIPMENT:**

- Wheelchair                       Safety Vest                       Lap Belt                       Cakemate/Snack                       Other \_\_\_\_\_
- Star Seat                       Glucometer                       Glucose Tabs                       Bus assistant/aide
- EpiPen                       Walker                       Brace(s) - Type \_\_\_\_\_

BEHAVIOR PLAN FOR THE BUS (Summary & attach plan): \_\_\_\_\_

Check if additional information is attached.

**STUDENT CAN NOT BE LEFT UNATTENDED AT SCHOOL:**

STUDENT CAN BE LEFT UNATTENDED AT HOME OR DROP OFF SITE:                      YES                      NO

If no, specify instructions: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Case Manager                      Date

\_\_\_\_\_  
Area Coordinator                      Date

Transportation Services 1/13/2017

If student is NOT attending home school please document reason: \_\_\_\_\_