



TRANSPORTATION FORM (F-12)

Office of School Site Support
Special Education Division

STUDENT INFORMATION

Check for Specialized Services only **Pre-enrolled**

Name: _____ SID#: _____ Grade: _____
Home Address: _____ Zip: _____ Home Phone: _____
_____ Cell Phone: _____
Current School of Attendance School of Residence

SERVICE INFORMATION

Request Action: Add Drop Change

Transport to which school: _____ Effective Date: _____ (Allow 2 weeks for set up)

Days/Times for this service request: **Pick Up** M T W TH F AM PM All Day Session 1 or 2

Address: _____
Street# Frac Dir Street Name Apt#

Drop Off Address: _____
Street# Frac Dir Street Name Apt#

Level of Service:

LOS 2 - Stop Service

LOS 4 = Arterial Bus Stop

LOS 3 = Neighborhood Stop Service

LOS 9 = Curbside Service (Must be Met is REQUIRED)

Disability:

* _____

NOTE: If transportation is being considered for a student outside the regular school bus levels of service (District Procedure 5415 4.d.), a Transportation Representative must be present at the IEP meeting.

Services Required:

NONE

A - Monitor Required

N - Nurse Required

W - Wheelchair Accessible Bus

Equipment Required:

None

B - Lap Belt Required

BC - Lap Belt Buckle Cover

C - Car Seat

H - Small Safety Vest w/Crotch Strap

H - Medium Safety Vest

H - Large Safety Vest

O - Oversized/Powered Wheelchair

R - D-Ring Require

K - Walker

W - Wheelchair

If Student Must Be Met (MBM), we need to know 'by whom', the name and tel# are required.

STUDENT MUST BE MET? YES ☐ NO ☐

By Whom: _____

Tel# _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____ Tel#: _____

CASE MANAGER INFORMATION

Case Manager Name: _____ Email: _____

Reason for this F12 (required): _____

Date submitted to Special Ed: _____

CM Tel#: _____

Verify the following is completed in IEP: Transportation Section Services Section IEP Finalized:

Attach/Email a copy of the Transportation section and the Service section with the F12 form.

EMAIL completed form or questions to:

SPEDTransportation@sandi.net

Revised 03/24

SPECIAL ED DEPT.

Approved: YES NO
Date: _____