



SAMPLE

TRANSPORTATION FORM (F-12)

Office of School Site Support  
Special Education Division

STUDENT INFORMATION

Student Name: Smith, John D. SID #: 123456 Grade: 1  
(LAST NAME, FIRST NAME)  
Home Address: 4100 Normal St. Zip: 92103 Home Phone: 619-725-7700  
Birney Elem. Birney Elem Cell Phone: \_\_\_\_\_  
Current Sch. of Attendance School of Residence

SERVICE INFORMATION

Request Action:  Add  Drop  Change Service Type: AM PM Early Out ALL  
(circle one)  
Transport to which school: Lafayette Effective Date: 5/27/19 (Allow 2 weeks for set up)  
Days/Times for this service request: M  T  W  TH  F  AM  PM  All Day  Session 1 or 2   
Pick Up Address: 4100 Normal Street  
Street # Dir Street Name Apt #  
Drop Off Address: 4100 Normal Street  
Street # Dir Street Name Apt #

Level of Service:

Disability: DHH

- LOS 2 = Corner Stop Service
- LOS 3 = Neighborhood Stop Service
- LOS 4 = Arterial Bus Stop
- LOS 9 = Curbside Service (Must be Met is required)

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.

<b>Services Required:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> A - Monitor Required <input type="checkbox"/> A - Monitor 'May' Ride <input type="checkbox"/> N - Nurse Required <input type="checkbox"/> W - Wheelchair Accessible Bus	<b>Equipment Required:</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> B - Lap Belt Required <input type="checkbox"/> BC - Lap Belt Buckle Cover <input type="checkbox"/> C - Car Seat <input type="checkbox"/> H - Small Safety Vest w/Crotch Strap <input type="checkbox"/> H - Medium Safety Vest <input type="checkbox"/> H - Large Safety Vest <input type="checkbox"/> O - Oversized/Powered Wheelchair <input type="checkbox"/> R - D-Ring Required <input type="checkbox"/> K - Walker <input type="checkbox"/> W - Wheelchair
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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: Mrs. Smith Tel #: 619-725-7700

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: Mrs. Joan Smith Relationship: Mother Tel #: 619-725-7700

CASE MANAGER INFORMATION

Case Manager Name: Debby Warner Email: dwarner@sandi.net  
Reason for this F12 (required): DHH Placement @ Lafayette  
Date submitted to Special Ed: 5/13/19 CM Tel #: 619-725-7700  
Required Attachments: IEP Page 1  Team Action Page  Transportation Page

Copies of Page 1 of the IEP, Transportation page, and Team Action page from current IEP are required. \*IEP must be locked. (not needed for drops).

Fax completed form and supporting IEP documents to (619)725-7246.

**SPECIAL ED DEPT.**  
Approved: YES NO  
Date: \_\_\_\_\_