



SPECIAL EDUCATION TRANSPORTATION FORM (F-12)

STUDENT INFORMATION

Student Name: _____ SID#: _____ Grade: _____
(Last Name, First Name)

Home Address: _____ Zip: _____ Home Phone: _____
_____ Cell Phone: _____
Current Sch of Attendance

SERVICE INFORMATION

Request Action: _____ Service Type: _____

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

Days/Times for this service request: M T W Th F AM PM All Day

Pick Up Address: _____
Street # _____ Frac _____ Dir _____ Street Name _____ Apt. # _____

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

Level of Service

- LOS 2 = Corner Stop Service LOS 4 = Arterial Bus Stop
 LOS 3 = Neighborhood Bus Stop LOS 9 = Curbside Service

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: <input 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"/> Wheelchair Accessible Bus	Equipment Required: <input type="checkbox"/> None <input 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: _____
Name _____ Tel # _____

EMERGENCY CONTACT INFORMATION

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

CASE MANAGER INFORMATION

Case Manager Name: _____ Email: _____

CM Comments: _____ CM Tel#: _____
(Indicate the reason for this request, specific changes, etc.)

ECSE Requests Only (fax or email your forms to 858-581-2269, ghebeler@sandi.net)

New Student Change of Session Change of Address (AM/PM/Both) Change of School
 Change of Equipment (car seat, safety vest, etc. - must be documented on IEP) Reason for Drop

Attach copies of Page 1 of the IEP, Transportation page, and Team Action Page from current IEP.
*IEP must be locked. (not needed for Drops) Fax/Email completed form and IEP documents to (619) 725-7246.

Date Sent to Special Ed _____

SPECIAL ED DEPT.
Approved: YES NO
Date: _____