SRESD SPECIAL EDUCATION TRANSPORTATION PLANNING

STUDENT NAME	GENDER	DATE OF BIRTH
	☐ Male ☐Female	

☐PARENT/ ☐GUARDIAN / ☐HOMELESS

HOME ADDRESS

STREET:		
CITY:	ZIP:	LOCAL DISTRICT:

PHONE NUMBER(S) - INCLUDING AREA CODE

HOME: ( )	CELL: ( )	CELL: ( )

ADDRESS FOR PICK-UP (IF OTHER THAN HOME)

STREET:		
CITY:	ZIP:	PHONE: ( )

ADDRESS FOR DROP-OFF (IF OTHER THAN HOME)

STREET:		
CITY:	ZIP:	PHONE: ( )

SCHOOL ATTENDING	PROGRAM (CHECK ALL THAT APPLY)	TEACHER
	☐ MOCI ☐SCI ☐EI ☐LS ☐ECSE ☐GSRP ☐OTHER_____	

SRESD CONTACT PERSON/PHONE	TODAY'S DATE	START DATE

DAYS/TIMES STUDENT WILL ATTEND SCHOOL

HOURS ATTENDING FROM: TO:	***DAYS ATTENDING*** *(EX: M-TH OR M-F)*

ADAPTIVE EQUIPMENT (CHECK ALL THAT APPLY)

☐WHEELCHAIR ☐WALKER ☐STROLLER ☐SUCTIONING EQUIPMENT ☐CAR SEAT
☐SAFETY VEST ☐OTHER (PLEASE LIST)_____

MEDICAL CONCERNS / DIRECTIVES (CHECK ALL THAT APPLY)

☐DIA-STAT ☐SEIZURES ☐EPI-PEN ☐HEARING IMPAIRED ☐VISUALLY IMPAIRED
☐FEEDING TUBE ☐AIDE (IEP) ☐OTHER (PLEASE LIST)_____

PLEASE ALLOW <u>THREE</u> FULL SCHOOL DAYS TO SET UP TRANSPORTATION AFTER PAPERWORK HAS BEEN RECEIVED.

FAX NUMBER 989-729-8207