

- New Student
- Delete Student
- Behavior Plan Attached
- Other \_\_\_\_\_
- No Change
- Change
- Program Change

Kern County Superintendent of Schools / Kern High School District

Special Education Transportation

**Bus Service Request**

Date \_\_\_\_\_

Requested Date to Start Service \_\_\_\_\_ School \_\_\_\_\_ AM Bell Time \_\_\_\_\_ PM Bell Time \_\_\_\_\_

Student Name \_\_\_\_\_ District of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ SAS No. \_\_\_\_\_

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pick Up Address (if other than home) \_\_\_\_\_ Take Home Address (if other than home) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Program \_\_\_\_\_ Teacher / Classroom \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Type**

- ED     AE     SDL     LH     SH     OH
- AUT     VE     Other \_\_\_\_\_ (specify)

**Student**

Height \_\_\_\_\_  
Weight \_\_\_\_\_

**Special Transportation Requirements**

- Wheelchair     Travel Chair     Child Safety Seat     Safety Vest
- Electric Wheelchair     Walker     Other \_\_\_\_\_ (specify)

Special Routing Requirements (i.e. ride time restrictions, climate issues):

Health Concerns - Physical Conditions - Medications:

Additional Comments:

**Transportation Use**

Date Received by Transportation \_\_\_\_\_ Date Service Will Start \_\_\_\_\_

AM Route \_\_\_\_\_ / \_\_\_\_\_ PM Route \_\_\_\_\_ / \_\_\_\_\_ Transfers \_\_\_\_\_