

**PERSONAL TRANSPORTATION PLAN**

**SECTION A – PERSONAL INFORMATION** (TO BE COMPLETED BY SCHOOL AND PARENT)

School Year: \_\_\_\_\_ School: \_\_\_\_\_ Grade/Program: \_\_\_\_\_

Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION B – STUDENT PROFILE** (LIST SPECIAL TRAITS, DIAGNOSIS, AND/OR PHYSICAL/MENTAL DIFFICULTIES)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITION:** \_\_\_\_\_

**HEALTH PLAN ATTACHED** YES  NO  **BEHAVIOR PLAN** YES  NO  (please attach)

**SECTION C – SPECIAL INSTRUCTIONS FOR EMERGENCY SITUATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D – SPECIAL BUS EQUIPMENT/PERSONNEL**

Type of vehicle: \_\_\_\_\_ Wheelchair Lift: \_\_\_\_\_ V-Vest: \_\_\_\_\_

Personnel Requirement: Home: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Name: \_\_\_\_\_

Bus: \_\_\_\_\_ Name: \_\_\_\_\_

Mobility of Child: Assistance Boarding the Bus \_\_\_\_\_

Assistance Entering the School \_\_\_\_\_

**SECTION D – SPECIAL BUS EQUIPMENT/PERSONNEL (CONT'D)**

Child Uses:    Wheelchair \_\_\_\_\_                      Elbow Crutches \_\_\_\_\_                      Child Seat \_\_\_\_\_  
                         Walker \_\_\_\_\_                      Lap Belts \_\_\_\_\_                      Canes \_\_\_\_\_  
                         Other \_\_\_\_\_                      Braces only \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

**SECTION E – TRANSPORTATION ARRANGEMENTS (TO BE COMPLETED BY TRANSPORTATION DEPARTMENT)**

Bus #: \_\_\_\_\_                      Bus Driver Name: \_\_\_\_\_  
Pick Up Time: A.M. \_\_\_\_\_                      Drop Off Time: P.M. \_\_\_\_\_  
Effective Date Service is to begin/terminate: \_\_\_\_\_

.....

**SECTION F – FORM REVIEWED AND APPROVED**

	<u>SIGNATURES</u>	<u>DATES</u>
Principal:	_____	_____
Parent or Legal Guardian	_____	_____
Student Services Coordinator	_____	_____
Supervisor of Transportation	_____	_____