

- 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 _____