

Plainfield CCSD 202 – Special Needs Transportation

Student/Home Information						
Student Name						
Birthdate				Grade		
Parent Name						
Address						
City, Zip Code						
Home Phone			Work Phone			
				Cell Phone		
<input type="checkbox"/> Transport to School Only		<input type="checkbox"/> Transport from School Only		<input checked="" type="checkbox"/> Transport Both Ways		
Transportation Location (if other than home address -- i.e.: Daycare)						
Name						
Address						
City, Zip Code						
Phone Number						
<input type="checkbox"/> Transport to School Only		<input type="checkbox"/> Transport from School Only		<input type="checkbox"/> Transport Both Ways		
School Information						
Program						
School						
Start Date						
Class Start Time				End Time		
Emergency Contact						
Name						
Address						
Phone						
Special Needs						
Special Needs						
<input type="checkbox"/> Lift Bus		<input type="checkbox"/> Harness	<input type="checkbox"/> Seatbelt	<input type="checkbox"/> Car Seat	<input type="checkbox"/> Aide on Bus	<input type="checkbox"/> Nurse on Bus
<input type="checkbox"/> Emergency Bus Plan		Health Concerns				
Authorized by						