

TRANSPORTATION INFORMATION FORM

Date Submitted: ___/___/___ Current Year ___ Summer ___ Fall Start
Transaction Type: (___ New Student Date Enrolled ___/___/___) Cancellation of Trans.
Change: ___ Site ___ Hours ___ HmAddress ___ P/U ___ Drop-off ___ Phone ___ Trans. Code ___ Elig. Code ___ Device

Student Name: _____ { _____ } **DOB** ___/___/___
 Last First Middle Synergy Student ID

Home Address: _____ **City:** _____ **Zip:** _____

Pick-up Address: _____ **Phone#:** _____

Drop-off Address #1: _____ **Sitter#:** _____

Drop-off Address #2: _____ **Work#:** _____

Emergency Contact: _____ **Emerg. Phone#:** _____

School of Attendance: _____ **School Hours:** _____ -- _____ **Class Code:** _____ **Grade:** _____

Home School: _____

Class Placement: [check one] ___ Gen Ed w/Related Services ___ Gen Ed w/RSP ___ SDC

Eligibility Code: [check one]

___ 210 (MR/ID) ___ 220 (HH) ___ 230 (Deaf) ___ 240 (SLI) ___ 250 (VI) ___ 260 (ED) ___ 270 (OI)
 ___ 280 (OHI) ___ 290 (SLD) ___ 300 (DB) ___ 310 (MD) ___ 320 (AUT) ___ 330 (TBI)

Transportation Type: [check one]

___ Long Beach Transit Bus Pass
 ___ Standard Transportation (Ambulatory) ___ Standard Transportation (Non-Ambulatory)
 ___ Significant Disability Impact (Ambulatory) ___ Significant Disability Impact (Non-Ambulatory)
 ___ Special Circumstance (Please describe) _____

Medical Needs: ___ Bus Aide (**Print**) _____ Device Type: _____

Behavior Needs: ___ Behavior Plan ___ Bus Aide (**Print**) _____

Devices: (___ Infant Seat: _____ Weight) ___ Buckle Guard
 (___ Harness: _____ Chest Size _____ Waist Size) ___ **Release Waiver** (if yes, send to Trans.)

Request Submitted by: _____ Parent/Family ___ School ___ IEP Team
 (Please Print) _____ Dept. Head ___ SEA ___ Trans.Staff

Shortened Day and Therapy Transportation Request Form

Date: ___/___/___ **School of Attendance:** _____

Student Name: _____ **DOB:** ___/___/___

Transportation Type: ___ Ambulatory ___ Wheelchair

Day (S) Requested: ___ M ___ T ___ W ___ R ___ F **Hours Requested:** _____ --- _____

INFORMATION

Request Submitted by: _____ **IEP Date:** ___/___/___

To be completed by Transportation Office only

Transportation Code: [check one]

___ Home School (30) ___ Transit Bus Pass (31) ___ Pick Up Station (32) ___ Ambulatory C/C (33)
 ___ Wheelchair C/C (34) ___ Ambulatory-Pre (36) ___ Special Circumstance C/C (37)
 ___ Parent Transport (38) ___ School of Choice (Parent Transport Required) (39)

Action:

Effective Date: ___/___/___ **Day (s)** _____ **Hours:** _____ ---- _____

Route# _____ **P/U Time** _____ **Return Time** _____

Notifications:

School Site: ___ Teacher ___ Office (Person Notified) _____ **Date:** ___/___/___

Therapy Site: ___ Therapist ___ Office (Person Notified) _____ **Date:** ___/___/___

Scheduler Initials: _____

INSTRUCTIONS FOR COMPLETION OF THE TRANSPORTATION INFORMATION FORM

In order to ensure that requests for transportation service are processed as quickly and accurately as possible, it is worth the time to complete the information form completely and correctly so that valuable time is not lost in chasing down information or making errors.

Please remember the following:

1. Fill out the form as completely as possible relative to the type of request submitted.
Be sure to:
 - Include all information for new students. Lack of information will hold up the request. A phone number is important, in order to notify the parent of bus times. If no phone is in the home, an emergency contact will do. If there is no phone number at all, then write in "no phone." School hours – should be the approved hours for transportation service.
 - For changes in service, we only need the information relative to the change. Any other information provided will be assumed to be a request for change also, so be careful. Include birthdate, so we can be sure to have the correct student, many have the same name.
 - For cancellation of transportation, please include the birthdate and school, so that we are sure to have the correct student. We keep students in the data base who have a trans. code of 30 (live in home school area); 38 (parent transport,); and 39 (school of choice) so these are really a "trans. code" change and not a cancellation. True cancelled students are those who leave the district, or leave special day classes and return to general education.
 - All requests should include a date submitted, transaction type, student name, student ID, birth date, and the requestor's name.
 - Student names need to be spelled the same as their enrollment information, and with the properly identified first and last names.
 - Student addresses need to be matched with the district address file, so that street names are spelled correctly and addresses are within the District boundary. The Pick-up and Drop off address fields are for curb-to-curb students when requesting locations other than the home address.
2. Track requests sent to the Office of Special Education or Transportation Branch along with an additional verification, so that we do not receive duplicates or no request at all. Assign and limit those who send requests to us for the same reason.
3. When faxing, send a cover sheet listing the student(s) name and type of change being sent, so that we can be certain that all pages are received. E-mail may be sent with the same information about items being faxed.
Example: John Smith Site Change
 Maria Gonzalez New Student
4. If you realize later that a mistake has been made on a form, or that something has been omitted, do not just send another form without additional contact. It may be assumed to be a duplicate. Make a note that the second form is a revision of one previously sent. Call if possible, or at least e-mail, or include a note on a fax cover sheet.
5. We have our own database at the Transportation Branch, so do not assume that it matches what is in the District student file. (It should, but don't assume that it does.)
6. If you have questions, please contact the Transportation Branch for clarification. We have set up a general e-mail account called setrans.