

SPECIAL TRANSPORTATION
SCHOOL YEAR 2016-2017

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| Student Name: | |
| Date: | |
| Home School Corp.: | |
| DOB: | |
| STN: | |
| Parent(s) Name(s): | |
| Home Address: | |
| Phone Number: | |
| Emergency Phone Number: | |
| Transportation Address AM: | <input type="checkbox"/> Same as home address <input type="checkbox"/> Other: _____ _____ |
| Transportation Address PM: | <input type="checkbox"/> Same as home address <input type="checkbox"/> Same as AM address <input type="checkbox"/> Other: _____ _____ |
| Placement School: | |
| School Attendance: | <input type="checkbox"/> Full Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> Special Arrangements: _____ _____ |
| Other Information: (Including special health needs) | <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Car Seat <input type="checkbox"/> Harness <input type="checkbox"/> Lap Belt <input type="checkbox"/> Oxygen <input type="checkbox"/> Seizures <input type="checkbox"/> Wheel Chair Bus <input type="checkbox"/> Other: _____ |

I understand that if any of the above information changes, I need to contact Delaware Community Schools Transportation Office at (765) 288-7555.