SPECIAL TRANSPORTATION
SCHOOL YEAR 2016-2017

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

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