

Please Help Transportation

We appreciate your help by filling out this form. This information will help drivers and monitors know your child's needs better and give your child the safest bus ride to and from school. *All information will be confidential.*

I.D. # _____

Child's Last Name: _____ First Name: _____

School: HS MS INTM ELEM OTIS Grade: _____ M / F: _____ Date of Birth: ____/____/____

(Circle One)

Mailing Address: _____

Physical Address: _____

Parent /Guardian Name(s): _____

Home Phone #: _____ Emergency / Work #: _____

Cell Phone #'s: _____

Relative / Neighbor to call if you cannot be reached:

Name: _____ Phone # _____

Name: _____ Phone # _____

Please answer yes / no to the following questions. If a "yes" answer is indicated, please provide us with information that will help us help care for your child:

1. Does your child take medication that may cause him / her to experience an adverse effect during his bus ride? Yes No
If yes, please explain: _____
2. Is your child speech and / or hearing impaired? Yes No
If yes, please explain: _____
3. Is your child allergic to anything (insects, candy, etc.)? Yes No
If yes, please explain: _____
4. Does your child have seizures? Yes No
If yes, please explain: _____
5. Does your child have any behavioral concerns that you feel will be helpful for the driver / monitor to know? Yes No
If yes, please explain: _____
6. Would you suggest any special seating arrangements for your child (i.e. car seat, support vest, etc.)? Yes No
If yes, please explain: _____
7. Any additional information regarding transportation? _____
8. Name of a brother or sister already attending school: _____

This helps the computer locate your residence ---- thank you for all your help ----- Minisink Valley Transportation