

F4

- Preschool
 Related Service
 One-Time Appt.

The Orange County Department of Health
PRESCHOOL TRANSPORTATION REQUEST FORM



- SUMMER
 FALL

- Bus Transportation Parent Transportation

School Year: _____

All sections on this form must be filled out completely and legibly with blue or black ink only. Forms that are illegible, incomplete, or missing signatures will not be processed.

CHILD'S INFORMATION

Last Name:		First Name:		D.O.B.:		Sex:	
School District:			IEP Start Date:		Height:		Weight:
Home Address:			City:			Zip:	
Mailing Address:			City:			Zip:	

LEGAL GUARDIAN INFORMATION

Name:		Relation:		Phone:	
Name:		Relation:		Phone:	

CHILD'S SERVICE / PROGRAM INFORMATION

This section is to be completed by the child's Center-base Program (School) or the School District the child is registered in ONLY. Information provided in this section must reflect what is stated on the child's IEP. Effective date must reflect the date change will be effective.

Program Name:	
Program Address:	
Town/City:	Zip:
Session:	Effective Date:

SEATING TYPE

Items marked with an asterisk () must be approved by Child's School District.*

Requires seating assessment
 Carseat
 Seatbelt
 Safety Vest (Harness) *
 Wheelchair *

PICKUP LOCATION

DROP OFF LOCATION

Pickup & Dropoff locations must be located within Orange County. If using the bus only one way, write "Parent in" or "Parent out" under Pickup or dropoff. Do not cross out sections.

Address:		Address:	
City:	Zip:	City:	Zip:
Contact Name:	Ph:	Contact Name:	Ph:

PERSONS AUTHORIZED TO RECEIVE CHILD FROM BUS

Minimum of two persons (other than legal guardians) required. All persons listed must be over the age of sixteen and have a valid form of Photo ID (school/work ID, passport, driver's license, etc.) to receive your child from the bus; children are not permitted to walk themselves to or from the bus. Anyone not listed on this form will not be allowed to receive your child from the bus. If there is a legal reason why someone may not receive your child, notify your child's program and School District immediately, and update your child's bus form.

Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:
Name:	Ph:	Name:	Ph:

MEDICAL ALERTS & SPECIAL NEEDS

*Please indicate any special medical alerts/needs/necessary information (use of wheelchair/wheelchair ramp, safety vest/harness, medical equipment, 1:1 monitor, nurse, health/safety concerns such as seizures, approved items to travel with, Persons not authorized, etc.) **Note:** Bus transportation is a door to door service when possible. Buses can not go down private/unpaved roads or driveways. Drivers and Monitors are not permitted to leave the bus at any time, nor can they beep the horn or call parents to indicate arrival.*

AUTHORIZATIONS & SIGNATURES

*By signing this form, you acknowledge that you have read, understand, agree to and will comply with the terms, conditions and procedures outlined above, and confirm the information provided is current, accurate and meets the two person minimum requirement set by the Orange County Department of Health. **District signature required to validate this form.***

Guardian Name:	Signature:	Date:
Program Staff:	Signature:	Date:
District Official:	Signature:	Date: