

## *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