

This form only to be used for 2012 ESY related transportation and will not accepted for any other purpose. This form may be used in lieu of the form available on the Transportation page within the IEP process for students who need transportation for ESY but not for the regular school year. Follow directions at the bottom of the form for submission.

STUDENT TRANSPORTATION FORM

Student Information: Use information from the student/parent information page in order to complete this section. All information should match information in SEDS.

STUDENT NAME Click here to enter text.	STUDENT ID Click here to enter text.	GRADE Click here to enter text.	Date of birth Click here to enter a date.
Last Eligibility Date Click here to enter a date.	Last IEP Date Click here to enter a date.	Primary Disability Choose an item.	Current IEP Date Click here to enter a date.

Parent/Guardian Information Name: Click here to enter text. Address: Click here to enter text. Home Phone: Click here to enter text. Work Phone: Click here to enter text. Mobile Phone: Click here to enter text.	Emergency Contact Information Name: Click here to enter text. Address: Click here to enter text. Home Phone: Click here to enter text. Work Phone: Click here to enter text. Mobile Phone: Click here to enter text. Relationship: Click here to enter text.
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Part I Transportation Request Information

Reason for Transportation Request: ESY Arranging School: Click here to enter text. Begin Date: Click here to enter a date. Mode of Transportation: Click here to enter text. Medical Needs: <input type="checkbox"/> Seizures <input type="checkbox"/> Tracheotomy tube <input type="checkbox"/> Heart conditions <input type="checkbox"/> Hearing aid <input type="checkbox"/> Feeding tube <input type="checkbox"/> Asthma <input type="checkbox"/> Allergy <input type="checkbox"/> Oxygen <input type="checkbox"/> Epi pen Other Special Needs: <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Hand-to-hand transfer <input type="checkbox"/> One-to-one bus aid Devices: <input type="checkbox"/> Helmet <input type="checkbox"/> Crutches <input type="checkbox"/> Harness <input type="checkbox"/> Car seat <input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Booster Seat <input type="checkbox"/> Stroller <input type="checkbox"/> Other	Receiving School: Click here to enter text. End Date: Click here to enter a date.
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Part II Pickup and Drop Off.

AM Pick Up

Address	M	T	W	T	F
Click here to enter text.	<input type="checkbox"/>				
Click here to enter text.	<input type="checkbox"/>				
Click here to enter text.	<input type="checkbox"/>				

PM Drop Off

Address	M	T	W	T	F
Click here to enter text.	<input type="checkbox"/>				
Click here to enter text.	<input type="checkbox"/>				
Click here to enter text.	<input type="checkbox"/>				

Comments:

Note: Step 1: This form is to be faxed in behind Prior Written Notice

Step 2: Email this form to designated recipient, DCPS and Dependent Charter will email this form to ose.transportation@dc.gov and Independent charter will email this form to ose.dotinformation@dc.gov

Step 3: Submit along with other transportation forms to OSSE at OSSE.ESYCertification@dc.gov by 5/7/2012 as part of certification requirement for all students who need ESY-related transportation