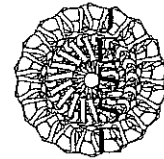
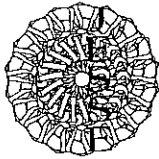


# JESSE Student Transportation Card

*Confidential Information*



Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Father's Work Ph \_\_\_\_\_ Mother's Work Ph \_\_\_\_\_ Emergency Ph \_\_\_\_\_

Please check appropriate type of transportation required for your child:

- Walks to bus unassisted     Walks to bus, but needs assistance  
 Needs to be carried     Requires a car seat  
 Wheelchair     Requires special restraint  
 Needs to be met at school     On return/home, needs to be met at Bus Stop  
 Other (Specify) \_\_\_\_\_

Directions to your home \_\_\_\_\_

Describe your home \_\_\_\_\_

Names and Addresses of persons nearby student's residence who have consented to care for the student if the parents are not available:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Please check if any of the following applies to your child:  Asthma     Heart Disease     Diabetes

Chronic Respiratory Problems     Blind     Deaf     Non-Verbal

Bee Sting     Hemophiliac     Allergies -- to what? \_\_\_\_\_

Seizures: How long does seizure last? \_\_\_\_\_ How often do they occur? \_\_\_\_\_

Is your child on medication?  Yes     No    If yes, what medication, what dosage, & when given? \_\_\_\_\_

Child's approximate weight \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_ Family designated hospital \_\_\_\_\_

Parents: PLEASE NOTIFY DRIVER IF YOUR CHILD IS SICK AND DOES NOT NEED TRANSPORTATION FOR THE DAY.

Parental Contact: If possible and practical, in the event of major emergency, parental contact will be made.

Parental Approval: If, in the opinion of the driver, a major emergency exists, the parent(s) have agreed to in writing and will assume the cost of:

- 1. Contacting the family doctor .....  Yes  No
- 2. Contacting any doctor available .....  Yes  No
- 3. Contacting rescue squad .....  Yes  No
- 4. Transporting to designated hospital.....  Yes  No

Special medical care directions, behavioral considerations, or other helpful information for driver to be aware of:

*As parent or guardian, I agree to one or more of the above procedures as indicated and agree that this information may be shared with my child's transporter. **CONFIDENTIALITY WILL BE MAINTAINED.***

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

Please return this form to the JESSE Office as soon as possible. Thank you for your help.

J.E.S.S.E.  
P.O. Box 418  
Plymouth, IN 46563  
574-936-2627 or 800-388-0054  
Fax 574-936-8184

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\*\*\* For School Use Only \*\*\*

Home School Corporation \_\_\_\_\_

Placement School \_\_\_\_\_

Special Ed Teacher \_\_\_\_\_

Other Contact Persons \_\_\_\_\_

Copies to Bus Personnel & JESSE Files

Revised October 2007

# Joint Educational Services in Special Education

P.O. Box 418, 324 N. Kingston Rd.  
Plymouth, Indiana 46563  
574-936-2627

## SPECIAL TRANSPORTATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Emergency Drop Off Location if no one home: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Em. Phone \_\_\_\_\_

Home Corporation: \_\_\_\_\_ Placement School: \_\_\_\_\_

TRANSPORTATION AS A RELATED SERVICE WILL BE PROVIDED.  
CHECK ALL OF THE FOLLOING ITEMS APPLY:

Behavioral Needs

Special Equipment

\*student weight for car seat \_\_\_\_\_

Special Health Needs

Bus Driver needs special training

Mobility Needs

Requires adult supervision

Uses Wheelchair, needs lift

Safety Precautions

PLEASE LIST COMMENTS RELATED TO EACH ITEM CHECKED ABOVE:

SCHOOL CALENDAR AND INSTRUCTIONAL DAY TO BE FOLLOWED  
SHALL BE THAT OF THE SCHOOL OF ATTENDANCE

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Note: JESSE Student Transportation Card should be completed by parent and returned to JESSE/Bus Driver  
prior to the start of transportation.

10/08