Student Transportation Request

Student
Legal First Name:_____Legal Last Name: _____

_____Parent will drop off and pick up from school.

_____Other: _____

_____Amphitheater Public Schools provides Transportation

Pick up Location/Address: _____

Drop Off
Location/Address:_____

Name and Contact Phone number of those with permission to meet student at the bus or pick up from school:

⇒ **(For safety reasons this list must match all registration forms submitted**.)

Parent/Guardian Contact #1

Last Name: _____ First Name: _____ Cell: _____

Parent/Guardian Contact #2

Last Name: _____ First Name: _____ Cell: _____

Additional Contact #3

Last Name: _____ First Name: _____ Cell: _____

Parent/Guardian Signature:_____Date: _____

<u>Below To be filled out by current Teacher.</u>

Student ID:_____ Teacher: _____

Student Needs per IEP Services Page:

- o Wheelchair/Transport Stroller
- o Harness
- o Car Seat/Booster Seat/Lap Belt
- o Must ride **<u>without</u>** any other students
- o Must ride with an Aide
- o Other:

_____

- o Seizure Disorder
- o Heat or Cold Intolerant
- o Non-verbal

X Must not be left unattended – Met at school & home

Current Teacher Signature:_____Date: _____

Form Updated 1/17/2020