



# TRANSPORTATION FORM (F-12)

Office of School Site Support  
Special Education Division

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ SID #: \_\_\_\_\_ Grade: \_\_\_\_\_ **STARS**   
 (LAST NAME, FIRST NAME)  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Current Sch of Attendance School of Residence

## SERVICE INFORMATION

Request Action:  Add  Drop  Change Service Type: AM  PM  Early Out  ALL (circle one)

Transport to which school: \_\_\_\_\_ Effective Date: \_\_\_\_\_ (Allow 2 weeks for set up)

Days/Times for this service request: M  T  W  TH  F  AM  PM  All Day  Session 1 or 2

### Pick Up Address:

Street #    Frac    Dir    Street Name    Apt #

### Drop Off Address:

Street #    Frac    Dir    Street Name    Apt #

### Level of Service:

- LOS 2 = Corner Stop Service
- LOS 3 = Neighborhood Stop Service

### Disability:

- LOS 4 = Arterial Bus Stop
- LOS 9 = Curbside Service (Must be Met is REQUIRED)**

**NOTE: If transportation is being considered for a student outside the regular school bus levels of service (District Procedure 5415 4.d.), a Transportation Representative must be present at the IEP meeting.**

Services Required:	Equipment Required:
<input type="checkbox"/> NONE <input type="checkbox"/> A - Monitor Required <input type="checkbox"/> A - Monitor 'May' Ride <input type="checkbox"/> N - Nurse Required <input type="checkbox"/> W - Wheelchair Accessible Bus	<input type="checkbox"/> NONE <input type="checkbox"/> B - Lap Belt Required <input type="checkbox"/> BC - Lap Belt Buckle Cover <input type="checkbox"/> C - Car Seat <input type="checkbox"/> H - Small Safety Vest w/Crotch Strap <input type="checkbox"/> H - Medium Safety Vest <input type="checkbox"/> H - Large Safety Vest <input type="checkbox"/> O - Oversized/Powered Wheelchair <input type="checkbox"/> R - D-Ring Required <input type="checkbox"/> K - Walker <input type="checkbox"/> W - Wheelchair

**If Student Must Be Met (MBM), we need to know 'by whom', the name and tel # are required.**

STUDENT MUST BE MET? YES  NO

By Whom: \_\_\_\_\_ Tel # \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel #: \_\_\_\_\_

## CASE MANAGER INFORMATION

Case Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for this F12 (required): \_\_\_\_\_

Date submitted to Special Ed: \_\_\_\_\_

CM Tel #: \_\_\_\_\_

Required Attachments: IEP Page 1  Team Action Page  Transportation Page

Copies of Page 1 of the IEP, Transportation page, and Team Action page from current IEP are required. \*IEP must be locked (not needed for drops).

EMAIL completed form and supporting IEP documents to [nlewis1@sandi.net](mailto:nlewis1@sandi.net).

<b>SPECIAL ED DEPT.</b>
Approved: YES NO
Date: _____