2020-21
SPECIALIZED TRANSPORTATION REQUEST

Instructions: Complete this form and send to NJUHSD Special Education Secretary at 11761 Ridge Rd, Room B2, Grass Valley, CA 95945. Phone: 530-273-4431 x 2031 - fax 530-274-1483. (Requests must be sent four weeks in advance of anticipated start date). Durham will confirm transportation services by phone.
**Print clearly in blue or black ink.

STUDENT'S NAME: _____ **D.O.B.:**_____ **GENDER:** ☐F ☐M
(LAST NAME, FIRST NAME)

TRANSPORTATION START DATE: _____ **STUDENT SCHEDULE:** M☐ T☐ W☐ TH☐ F☐

CLASS TIMES: AM_____**PM**_____

AM PICK-UP ADDRESS: _____ **AM DROP-OFF (NU or GV):** _____

PM PICK-UP SITE (NU or GV): _____**PM DROP-OFF ADDRESS** _____

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(1) RESIDENCE PARENT/GUARDIAN/CAREGIVER: _____

ADDRESS: _____ **HOME #:** _____

CITY/ZIP: _____ **WORK #:** _____

RELATIONSHIP TO STUDENT: _____ **CELL #:** _____

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(2) NON-RESIDENCE PARENT/GUARDIAN/CAREGIVER: _____

ADDRESS: _____ **HOME #:** _____

CITY/ZIP: _____ **WORK #:** _____

RELATIONSHIP TO STUDENT: _____ **CELL #:** _____

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(3) EMERGENCY CONTACT: _____ **PHONE #:** _____

MEDICAL INFORMATION: (PLEASE BE SPECIFIC)

☐ ALLERGIES	☐ FRAGILE/BRITTLE BONES	☐ VERBAL
☐ ASTHMA	☐ GASTROSTOMY TUBE	☐ NON-VERBAL
☐ BLIND/VISUALLY IMPAIRED	☐ HEART CONDITION	☐ NON-VERBAL (BUT UNDERSTANDS)
☐ CHALLENGING BEHAVIOR	☐ SCOLIOSIS	☐ SENITIVITY TO LOUD NOISES
☐ DIABETES	☐ SEIZURES	☐ WALKER DEVICE
☐ DEAF/HEARING IMPAIRED	☐ TRACHEOSTOMY	☐ WHEELCHAIR

OTHER: _____

WHAT TO WATCH FOR: (SYMPTOMS/EMERGENCIES MOST LIKELY TO OCCUR DURING TRANSPORT TO/FROM SCHOOL)

_____

LIST OF PRESCRIBED MEDICATIONS: (DOSAGE AND REASON FOR MEDICATION): _____
(Use additional pages if necessary)

DOCTOR:_____**PHONE#:** _____**HOSPITAL:** _____

MAY BE LEFT UNATTENDED AM (AT SCHOOL) ☐**YES** ☐ **NO** **MAY BE LEFT UNATTENDED PM (AT HOME)** ☐**YES** ☐**NO**

******I WILL BE SURE THAT THERE IS A SAFE ENVIRONMENT FOR MY STUDENT TO BE DROPPED OFF******
I GIVE MY CONSENT FOR THIS INFORMATION TO BE AVAILABLE TO AUTHORIZED SCHOOL PERSONNELL AND EMERGENCY/HOSPITAL PERSONNEL.

PARENT/GUARDIAN SIGNATURE: _____**DATE:** _____

Form sent to Durham Transportation, Attention Lisa Smith, Phone: 530-273-7282 on: _____