

Talawanda/Petermann
Special Needs Transportation Request Form

Please allow two days after transportation receives this form before the request is filled.

Please Print Clearly

School _____ School Contact _____

Today's Date: _____ Student ID #: _____ Student's Name _____

D.O.B. ____/____/____ Age _____ Height _____ Weight _____ Sex _____ Grade _____

Home Address _____ Zip _____

Parent/Guardians' Name _____ Phone # _____ Alt. Phone # _____

Emergency Contact (other than listed above) Name _____ Phone # _____

Note: Students in grades (PK through 2nd Grade) must have an adult present for student pickup and drop off, per Talawanda School district policy

CHECK OPTION: Requires Special Needs Bus May ride Regular Bus with special accommodations

Student's Information

Medical ___ Autism ___ Seizures: Please describe type of seizure _____

___ Hearing ___ Vision ___ Diabetes ___ Allergies: Please List _____

___ Orthopedic impairment ___ Other _____

Speech: ___ Communicates effectively using words ___ Difficult to understand ___ Uses sign language primarily

___ Gestures to communicate ___ Nonverbal ___ Does not communicate

___ Understands communication from others ___ Other: _____

Behavior: ___ Follows directions well ___ Frustrates easily frequently resulting in: please specify: ___ Spitting

___ Biting ___ Crying ___ Hitting ___ Pinching Other: _____

Special Accommodations: ___ Wheel Chair ___ Harness or Star Seat ___ Seatbelt ___ Car Seat ___ Lift bus

Other Comments _____

TRANSPORTATION USE ONLY

Transportation approved to start on: M T W TH F ____/____/____

Bus Number and Times For Pick Up _____ : _____ AM

Bus Number and Times For Drop Off _____ : _____ PM

Address: 5032 University Park Blvd., Oxford, OH 45056 Phone (513)273-3150

Email back: lrader@petermannbus.com or msokol@petermannbus.com