



**SARATOGA COUNTY  
DEPARTMENT OF HEALTH**

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DANIEL KUHLES, M.D., M.P.H.  
Commissioner

**PRESCHOOL SPECIAL EDUCATION/EARLY INTERVENTION  
TRANSPORTATION REQUEST FORM**

**\*\*STUDENT REQUIRING TRANSPORTATION INFORMATION\*\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_ School District: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**\*\*STUDENT ATTENDANCE INFORMATION\*\***

School Term:  School Year 20\_\_ - 20\_\_ **OR**  Summer \_\_\_\_\_

Days Attending:  5 Days **OR**  Mon.  Tues.  Wed.  Thurs.  Fri.

Hours Attending: \_\_\_\_\_ Program Dates: \_\_\_\_\_

PICK-UP AT:  HOME  CHILD CARE PROVIDER

RETURN TO:  HOME  CHILD CARE PROVIDER

**\*\*SCHOOL INFORMATION\*\***

School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**\*\*INDIVIDUAL SAFETY REQUIREMENTS\*\***

**Any specialized transportation requests must be documented on the child's IEP or IFSP**

Seat Belt  Safety Harness  Booster  Car Seat  Monitor  Aide

Other

*(Please note: Any new or changes to existing transportation requires 5 business days notice)*

**\*\*CHILD CARE PROVIDER INFORMATION (if applicable)\*\***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**\*\* EMERGENCY INFORMATION\*\* (This section must be completed)**

In case parent or child care provider is not at home at return time.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

(Location should be within a one (1) mile radius of the regular drop-off location and permission for the alternate arranged by parent.)

Date Form Completed : \_\_\_\_\_ Ongoing EI Service Coordinator: \_\_\_\_\_

*Please share any important health, behavioral or safety information regarding your child with the bus company by attaching this form to the transportation request form. This information will be kept confidential and is only requested to assist the bus driver with the safe transport of your child.*

Does your child have any of the following health related issues that the bus driver and/or aide should be aware of?

Seizures

Allergies

Mobility difficulties

Visually or Hearing Impaired

Non-Verbal (unable to communicate needs)

Please describe any health related concerns:

Does your child exhibit any of the following behavioral issues that the bus driver and/or aide should be aware of?

Emotional outbursts

Kicking, biting, spitting, throwing objects

Unwillingness to get on or off bus

Please describe any behavioral issues:

Does your child exhibit any of the following safety issues that the bus driver and/or aide should be aware of?

Unbuckling seat belt

Running away from bus

Climbing out of car seat

Please describe any safety issues:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_