

# Cache/Logan School Districts Pupil Transportation

## Special Education or 504 Student Information Work Sheet

**Confidential**

Status: \_\_\_\_\_ Start Date: \_\_\_\_\_

School: \_\_\_\_\_ Session: \_\_\_\_\_ Days Attending: 

M	T	W	Th	F
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Teacher's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone (F) \_\_\_\_\_ Alt. Phone (M) \_\_\_\_\_

Work Phone (F) \_\_\_\_\_ Work Phone (M) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

2nd Alt. Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### Medical Information needed for transportation:

Asthma - Inhaler YES NO  
Heart Problems  
Allergies - Epi-Pen YES NO  
Shunt  
Orthopedic (spinal rod, fragile bones, etc.)  
Seizure Activity  
Feeding Tube  
Oxygen, Ventilator  
Diabetes

### Special Equipment for transportation:

Wheelchair  
Car Seat, Safety Vest, etc.  
Seat Belt  
Adaptive Equipment (crutches, walker, etc.)

### Communication:

Hearing Aids  
Sign Language

### Behavior:

Behavior Intervention Plan

Emergency Medical Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Notes:

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Transportation Information:

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Pick-up Address: \_\_\_\_\_ City: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_ City: \_\_\_\_\_

Pick-up Driver & #: \_\_\_\_\_ Drop-off Driver & #: \_\_\_\_\_