Print Form

monroe one

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
First Supervisory District of Monroe County

Request for Student Transportation Services

Contact: Paula A. Powell, Director of Transportation 585-383-6666
Kathleen Blair, Assistant Director of Transportation 585-383-2225
Fax: 585-383-6442

School Year _____ To _____ Summer _____

Form Completed by _____

Phone Number _____

Date ____/____/____

Name: _____ _____ ____ _____ ____/____/____ _____
Last *First* *Mid* *Gender* *Date of Birth* *Student Id No*

Home District:_____ Home School:_____ Grade:_____ Principal:_____

1. Parent/guardian _____ _____
Title *Name*

Address:_____

City: _____

Zip Code:_____ Phone: (Hm)_____

(Wk)_____ (Other)_____

2. Parent: _____ _____
Title *Name*

Address:_____

City:_____

Zip Code:_____ Phone: (Hm)_____

(Wk)_____ (Other)_____

Emergency: _____ _____ _____
Name *Address* *Phone*

Transportation Request

School:_____

Start Date: _____

BOCES Shop: ☐ Yes ☐ No (fill in section below if yes)

Location:_____ Time:_____

_____ Program:_____ _____

Transportation IEP Restrictions: (enter NONE if none) _____

Transportation Needs: ☐ Yes ☐ No

- ☐ Assistance boarding bus
- ☐ Wheelchair ☐ Car Seat
- ☐ Safety Vest
- ☐ Blind ☐ Deaf
- ☐ Child should be met at home/school

Medical Needs: ☐ Yes ☐ No

- ☐ Oxygen mount
- ☐ Trachea
- ☐ Tube Feeding
- ☐ Heart disease
- ☐ Asthma

Additional Support: ☐ Yes ☐ No

- ☐ Nurse ☐ Air conditioning
- ☐ Dog EpiPen (allergy)_____
- ☐ Transportation Plan Other_____

Allergies (specify)_____

Seizures: ☐ Y ☐ N Most Recent ____/____/____

How long? _____

Medications: (please list) _____

Physical Limitations: _____

Doctor: _____ **Phone:** _____ **Designated Hospital:** _____

Sitter Information:

Pick Up: _____
Name (Please note daycare name if applicable)

_____ _____
House # *Address*

_____ _____ _____
City *Zip* *Phone*

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Drop Off: _____
Name (Please note daycare name if applicable)

_____ _____
House # *Address*

_____ _____ _____
City *Zip* *Phone*

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Comments: _____

_____

Signature:_____ **Date:**_____