

Specialized Transportation Application

2024-2025 School Year

The following information must be provided by parents/guardians for students requiring special transportation.

SUBMIT: In Person: 1050 Main St. Roseville, CA Email: dortiz@rcsdk8.org Call: 916-771-1680

General Student Information				
Student Name	School	Grade	Date of Birth	Student ID #:
Requested AM Bus Stop:		Requested PM Bus Stop:		
Parent/Guardian Information:				
Parent/Guardian #1 Name:		Cell Phone:		
Email:		Work Phone:		
Address: City: State: Zip:				
Emergency Contact Information:				
Parent/Guardian #2 Name:		Phone:		
Emergency Contact Name:		Phone:		
Student Services Information				
Please check any that apply:				
<input type="checkbox"/> Current Health Care Plan by a District Nurse <input type="checkbox"/> Current Behavior Intervention Plan <input type="checkbox"/> Mental Disabilities <input type="checkbox"/> Behavior Disorder				
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Vest <input type="checkbox"/> Walker <input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Unattended Drop-Off (additional form needed)				
<input type="checkbox"/> Severe Allergy list: _____ <input type="checkbox"/> STAR + Seat (please include student weight): _____ <input type="checkbox"/> N/A				
SPECIAL INSTRUCTIONS FOR ASSISTING YOUR STUDENT (i.e. language, behavior, etc.) <u>or</u> Additional Notes:				

ACKNOWLEDGEMENTS: By signing below, I indicate that I have read and will discuss with my student/s the RJUHSD Transportation Guidelines concerning the transportation of students and the rules that are enforced on district buses for the safety of students. I also verify that the information contained in this document is true and correct. I understand that falsification of information is cause for revocation of bus pass/es. Signature valid for this school year. **SIGNATURE REQUIRED**

Parent/Guardian Signature:

Date: