

Describe any physical, emotional and/or behavioral conditions and communication methods which would affect transportation.

Wheelchair Car Seat Chest Harness Bus Lift Booster Seat Tray
 Personal Care Attendant Adductor in Place Communication _____
 Other (Specify) _____

Positioning and handling requirements

Medications and Side Effects

Equipment that must be transported on bus: Oxygen Wheelchair Other None

PLEASE COMMUNICATE ANY CHANGES IN ADDRESS, PHONE, OR ABOVE DATA TO TRANSPORTATION DIRECTOR AND RECEIVING PRINCIPAL.

IF ANY PROBLEMS ARISE or TRANSPORTATION NEEDS CHANGE, PLEASE CALL THE TRANSPORTATION DIRECTOR AND RECEIVING PRINCIPAL.

Five copies should be made: (Parent/Guardian, Transportation Office of home district, Receiving Teacher, Keystone Records, and Receiving Principal)