

# CO-OP TRANSPORTATION INFORMATION SHEET

NEISEC Bus Driver Number: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent \_\_\_\_\_ Step-Parent \_\_\_\_\_ Other: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent's Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Allergies:

Specific things driver should know about student:

Home School District: \_\_\_\_\_ Home School: \_\_\_\_\_

Attending School District: \_\_\_\_\_ Attending School: \_\_\_\_\_

Proposed start date of new program: \_\_\_\_\_

Attending: Class: \_\_\_\_\_ Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does this student travel in a wheelchair?  Yes  No

Please give two (2) alternative phone numbers OTHER THAN those listed above: (For Emergency Use Only)

Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

SPECIFIC directions to your house:

Will somebody be at home to offer/receive this student?

No (Get release)  Yes/who: \_\_\_\_\_

1. COMPLETE this information sheet
2. ATTACH a recent photo of this student
3. FORWARD this completed sheet and any attachment to: Northeast Indiana Special Education Cooperative, 1607 E. Dowling St, Kendallville, IN. 46755 or give to your child's bus driver.