



Reedsport School District 105
100 Ranch Road, Reedsport, OR 97467-1739
Phone (541)271-3656 Fax (541) 271-3658

Special Transportation Form

Student's Last Name: _____ Student's First Name: _____

Physical Address: _____

School: _____ Grade: _____

Riding: Regular Bus ____ Special Education Bus ____ AM ____ PM ____

Should your child be dropped off if no adult is visibly present at the stop? YES / NO

Parent / Guardian Name(s) _____

1st Phone #: _____ 2nd Phone #: _____

Please provide the following information if student is being transported REGULARLY via school bus to or from a babysitter or child care provider.

CHILD CARE PROVIDER NAME: _____

CHILD CARE PROVIDER PHONE# _____

CHILD CARE PROVIDER ADDRESS: _____

Circle days of the week: M T W H F AM ____ PM ____

MEDICAL INFORMATION OF WHICH THE DRIVER SHOULD BE AWARE:
(i.e. epilepsy, seizure disorders, diabetes, severe allergies, medications, etc.)

SPECIAL NOTES (Behavioral concerns, etc.)

For Special Education bus, student must have transportation services documented on the IEP. One form is needed for each student, even if siblings. This form will be utilized by bus driver in case of an emergency. This form may be completed by parent or Special Education / 504 case manager.

FAX copy to Lewis Transportation #541-271-7412 ATT: Trish Hoffman
Original: Special Education secretary (for student file)