			ate Sent To Transportation	
Student Day	idalam		ate Parents Contacted	
Student Revision Address A.M P.M.			Date Processed at Transportation Date School Contacted	
School			ate senoor contacted	
	EXCEPT	TIONAL CHILDREN		
		PORTATION INFORMAT	ION	
*Date to Begin:				
	TIMS	S Office Use Only: AM Bus #:	PM Bus #:	
TIMS Office Use Only: Edulog	ID AM Ston I I	D PM Stop I D	Route #	
*Please allow 5 school days for	processing after date sent to Trans	DPM Stop I.Dsportation	Route #	
School Assignment: _	School Contact Person:  Print Name: EC Teacher Serving Student			
Student:			Race: Sex:	
EC Identification:	DC	DB:	Grade	
NC Wise ID	Served in Prog		ram (i.e. IDSF MD SFD)	
NOTE: All Addresse		No post office boxes, route & box numbers, or lo	the state of the s	
	Street Number	r, Street Name	City, State, Zip	
Morning Address(AM)				
Afternoon Address(PM)				
Late Arrival Time:	Circle Days: M Tu	W Th Fri	Remarks:	
Mid Day Departure Time:	Circle Days: M Tu	W Th Fri	Remarks:	
Contrata	Name (Deint)	Talankana Namban (Baimana)	Talanham Namban (Alfannada)	
Contacts	Name (Print)	Telephone Number (Primary)	Telephone Number (Alternate)	
Eathors				
Father:				
Mother:				
Mother: Guardian/Other:		2		
Mother: Guardian/Other: Emergency Contact:				
Mother: Guardian/Other:		.a.		
Mother: Guardian/Other: Emergency Contact: Physician:	:			
Mother: Guardian/Other: Emergency Contact: Physician: Medications & Effects		3		
Mother: Guardian/Other: Emergency Contact: Physician: Medications & Effects (EP Includes Recommenda	tion for Restraint Devices: (I	Date)		
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple	tion for Restraint Devices: (D	Date)Please identify any s		
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple  Student's Weight	tion for Restraint Devices: (Eted By:lbs. Student's H	Date)Please identify any s		
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple  Student's Weight  Student Transportation	tion for Restraint Devices: (Exted By: lbs. Student's H Add-On Restraint 25-65	Please identify any s  eight 5 lbs/ 47 inches tall:		
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple  Student's Weight  Student Transportation  Student Transportation	tion for Restraint Devices: (Exted By: lbs. Student's H Add-On Restraint 25-65 Add-On Restraint 25-90	Please identify any s  deight  5 lbs/ 47 inches tall:  0 lbs/ 47 inches tall:	tudent special needs below:	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda PT Assessment Comple Student's Weight  Student Transportation Student Transportation E-Z on Vest (E-Z V)	tion for Restraint Devices: (Exted By: lbs. Student's H Add-On Restraint 25-66 Add-On Restraint 25-90 Car seat	Please identify any s  eight 5 lbs/ 47 inches tall: 0 lbs/ 47 inches tall: (upper body mobility issue	tudent special needs below:	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects EP Includes Recommenda PT Assessment Comple Student's Weight Student Transportation Etudent Transportation E-Z on Vest (E-Z V) Wheelchair Lift Secure	tion for Restraint Devices: (Exted By: lbs. Student's H Add-On Restraint 25-66 Add-On Restraint 25-96 Car seat ement: (WC)Tra	Please identify any s  eight 5 lbs/ 47 inches tall: 0 lbs/ 47 inches tall: (upper body mobility issue ay Walker Crut	es) ches Oxygen	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple  Student Transportation  E-Z on Vest (E-Z V)  Wheelchair Lift Secure  Assistance to get on/of  REMARKS: Enter any oth	lbs. Student's H Add-On Restraint 25-66 Add-On Restraint 25-96 Car seat ement: (WC) Tra f bus Year-Rou er pertinent information such	Please identify any s  eight 5 lbs/ 47 inches tall: 0 lbs/ 47 inches tall: (upper body mobility issue	tudent special needs below:  es) ches Oxygen an's Note Required!)	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  IEP Includes Recommenda  PT Assessment Comple  Student Transportation  Student Transportation  E-Z on Vest (E-Z V)  Wheelchair Lift Secure  Assistance to get on/of  REMARKS: Enter any oth	lbs. Student's H Add-On Restraint 25-66 Add-On Restraint 25-96 Car seat ement: (WC) Tra f bus Year-Rou er pertinent information such	Please identify any s  deight  5 lbs/ 47 inches tall:  0 lbs/ 47 inches tall:  (upper body mobility issue ay Walker Crut and Climate Control (Physicia as medical problems or behavioral)	es) ches Oxygen issues that may occur while being	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda PT Assessment Comple  Student's Weight  Student Transportation  E-Z on Vest (E-Z V)  Wheelchair Lift Secure  Assistance to get on/of  REMARKS: Enter any oth  ransported:	lbs. Student's H Add-On Restraint 25-65 Add-On Restraint 25-96 Car seat cment: (WC) Tra f bus Year-Rou er pertinent information such	Please identify any s  deight	es) ches Oxygen issues that may occur while being	
Mother:  Guardian/Other:  Emergency Contact:  Physician:  Medications & Effects  EP Includes Recommenda  PT Assessment Comple  Student Transportation  E-Z on Vest (E-Z V)  Wheelchair Lift Secure  Assistance to get on/of  REMARKS: Enter any oth	lbs. Student's H Add-On Restraint 25-65 Add-On Restraint 25-96 Car seat cment: (WC) Tra f bus Year-Rou er pertinent information such	Please identify any s  deight	es) ches Oxygen issues that may occur while being	