



Anchorage School District
Special Needs Transportation Request
 3580 East Tudor Road, Anchorage, Alaska 99507
 Phone: (907) 742-1200, FAX: (907) 742-1229



INFORMATION ON THIS BUS REQUEST SHOULD BE REFLECTIVE OF THE STUDENT'S IEP.
 IEP MEETINGS ADDRESSING TRANSPORTATION ISSUES MUST INCLUDE A TRANSPORTATION REPRESENTATIVE.

ALL FIELDS MUST BE COMPLETED TO INITIATE SCHOOL BUS SERVICE:

For school start: Change to current year's busing: New to current year's busing: Start Date: _____

| | |
|--------------------------------|-----------------------------|
| Student's Last Name: _____ | Student's Grade _____ |
| Parents / Guardian: _____ | Student's First Name: _____ |
| Home Address: _____ | Home Phone: _____ |
| _____ | Father Work #: _____ |
| Other Emergency Contact: _____ | Mother Work #: _____ |
| | Cell/Other #: _____ |

School: Rogers Park FULL DAY AM PM Sibling Riding: _____

Pickup address: (If different from home) _____ Drop-off address: (If different from home) _____

Contact Phone # _____ Contact Phone # _____

AM Pickup Contact(s): _____ PM Pickup Contact(s): _____

Program: ACE ACT ASSDHH CSF ER HG LS PRE-SCHOOL
 PRE-SCHOOL AUT RESOURCE SLC SBBS SP-L OTHER HG

Special Days or Times: _____ (Attach IEP indicating Special Accommodations.)

ASD Contact Name: Traci Caves Phone #: 742-4818 School/Dept: Rogers Park

This form completed by: _____ Phone # _____

Supervisor's Signature: _____ Department: _____

TO BE COMPLETED BY SCHOOL NURSE OR STAFF MEMBER

Disability: _____ Medically Fragile Wheelchair Type: _____

Safety Vest Waist size: _____ (Add 2" for winter clothing)

Please check the box(es) below to indicate any additional information or services that are required. The appropriate form must be submitted with this request. Forms are available in the ASD forms and publications library in the District Connection.

- BUS MEDICAL PLAN BUS BEHAVIOR PLAN DRIVER/ATTENDANT TRAINING
 SPECIAL EQUIPMENT UNATTENDED DROP-OFF FORM 504 Plan (A copy of the 504 must accompany request)

Other Transportation Notes:



**Anchorage School District
Pupil Transportation Department
Unattended Drop**

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SCHOOL YEAR: _____

For school start: Change to current year's busing: New to current year's busing: Start Date: _____

Student's ID #: _____

School: _____

School Contact Phone #: _____

Authorized by: _____

Student's Last Name: _____

Student's First Name: _____

Parents / Guardian: _____

Home Phone: _____

Mailing Address: _____

Father Work #: _____

Other Emergency Contact: _____

Mother Work #: _____

Cell/Other #: _____

FOR PARENTS TO COMPLETE FOR UNATTENDED DROP:

I, _____, authorize ASD transportation personnel to leave my child, _____, unattended. I assume supervision responsibility for my child from the point in time my child departs the bus each day.

Parent Signature

Date