

Program	Transportation
RSP	Reg. Bus
MM	Sped. Ed
MS	Curb to Curb
504	other
other	

TRANSPORTATION SERVICES REQUEST- Special Education

Student:								
		Last		First		DOB		
School:			Grade:		School Ye	ar:		
Address:				Phone:				
Parent/Guardia				Work Phone:				
Emergency Contact:Phone:								
Home School:								
Description of student: Seizures:								
Handicapping Conditions(s)								
Special Health	/ Medical Problems					YES		
Behavioral Problems:								
_anguage at Home:						NO		
Additional Pertinent Information: Medication:								
nstructions for Driver when Parent/Guardian is not at home or at bus stop: Child is returned to his/her home school office and it will be the parent's responsibility to come and pick up the child								
parent/ guardian, have received and understand the transportation rules and regulations of the San Ysidro School District and agree to services under these conditions.								
Name of Teach	er to contact regardi	ng problems:						
	 							
Parent/Guardia	an Signature							
	PLEASE [OO NOT WRITE BELOW THIS I	LINE (for sch	ool district officia	l only)			
							_	
Special Instructions and / or Student needs which Transportation Department should be aware of:								
Safest possible stop closest to home as determined by the Bus Stop to School/School to Bus Fransportation Dept.				to Bus Stop				
Manual Wheelchair Electric Wheelchair			Adult Supervision					
Seat Alone Safety Vest		Tracheotomy						
Helmet Escort to Classroom			other					
Must be M	Must be Met Baby/Car Seat							
to Curb: A safe location/stop within walking distance from the home and dropped off at the school bus stop. Home to Curb: A stop that is in front of the home and dropped off at the school bus stop								
Route # to Scho	coute # to School: Route # Home: Start Date:							
Pick up Time at	ick up Time at Stop: Departure Time from School: Stop Location:			tion:				
Special Instructi	ons:							
Signature of Transportation Supervisor Date								
Rejected for: I	Need Signature	□ Not Legible		Incomplete informa	ition	Date		
Diotribution: C-	nv 1: D.O. Corr.	2. TransportationCorre	2. D. o D.	or Conv	4: Cn FD	Devised: 2005		
Distribution: Copy 1: D.O. Copy 2: TransportationCopy 3: Bus Driver Copy 4: Sp ED Revised: 2025								
Email to transportation@sysdschools.org								



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SOLICITUD DE SERVICIOS DE TRANSPORTACIÓN - Educación Especial

Alumno/a:								
	Apellido Nombre Fecha de Nacimi			de Nacimie	ento			
Escuela:			Grado:		Año Esco	lar:		
Domicilio:				Numero de Telefono:		· · · · · · · · · · · · · · · · · · ·		
Padre/Tutor:				Número de Trabajo:				
Contacto de Em	ergencia:			Numero de Telefono:				
Escuela de Residencia:								
Descripción del Alumno/a:								
mpedimentos:								
Problemas de Salud:								
Problemas de co	roblemas de comportamiento:							
ldioma en el hogar:								
Información adic	ional:	N	ledication:					
Instrucciones al conductor si los padres no están en el hogar o en la parada de autobús: El niño será regresado a la oficina de su escuela y es responsabilidad de los padres recogerlo.								
Nombre del mae	estro(a) a quien debe de co	omunicarse algun problem	na:					
Yo, como padre/tutor he recibido y comprendido las reglas de transportación del Distrito Escolar de San Ysidro y estoy de acuerdo contodas las condiciones.								
					_			
Firma del Padre/Tutor: Fecha		Fecha	Special Educacion Director/Designee			Fecha		
	FAVOR DE NO ES	CRIBIR POR DEBAJO DE	ESTA LÍNEA (Di	strito escolar unicamer	nte)			
Special Instructions and / or Student needs which Transportation Department should be aware of:								
Safest possible stop closest to home as determined by the Transportation Dept.			Bus Stop to School/School to Bus Stop					
Manual Whe	-	Electric Wheelcha	r Adult Supervision					
Seat Alone		Safety Vest		Tracheotomy				
Helmet		Escort to Classroo	m	other				
Must be Me	t	Baby/Car Seat	Baby/Car Seat					
Curb to Curb: A safe location/stop within walking distance from the home and dropped off at the school bus stop. Home to Curb: A stop that is in front of the home and dropped off at the school bus stop								
Route # to School			Start Date:					
Pick up Time at S	top:	Departure Time from	School:	Stop Location:				
Special Instruction	ns:							
Signature of Transportation Supervisor Date								
Rejected for: Ne	eed Signature	□ Not Legible	•		ate			
Distribution: Copy	1: D.O. Copy 2: To	ransportationCo 3: Bu	s Driver Copy	4: Sp ED	Revised: 4/	2025		
Enviar por correo electrónico: transportation@sysdschools.org								