



**SECTION D – SPECIAL BUS EQUIPMENT/PERSONNEL (CONT'D)**

Child Uses:    Wheelchair \_\_\_\_\_                      Elbow Crutches \_\_\_\_\_                      Child Seat \_\_\_\_\_  
                    Walker \_\_\_\_\_                                      Lap Belts \_\_\_\_\_                                      Canes \_\_\_\_\_  
                    Other \_\_\_\_\_    Braces only \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION E – FORM REVIEWED AND APPROVED**

	<u>SIGNATURES</u>	<u>DATES</u>
Principal:	_____	_____
Parent or Legal Guardian	_____	_____
Student Services Coordinator	_____	_____

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**SECTION F – TRANSPORTATION ARRANGEMENTS (TO BE COMPLETED BY TRANSPORTATION DEPARTMENT)**

Bus #: \_\_\_\_\_                      Bus Driver Name: \_\_\_\_\_

Pick Up Time: A.M. \_\_\_\_\_                      Drop Off Time: P.M. \_\_\_\_\_

Effective Date Service is to begin/terminate: \_\_\_\_\_

Supervisor of Transportation \_\_\_\_\_