

PROVIDER / DISTRICT

Nassau County Department of Health  
Office of Children with Special Needs  
Preschool Special Education Program

District: Upload and submit in eSTACs  
Provider: Send copy to Swissport & District

**Preschool Special Education Transportation Change Request Form**

**Section I – Child Demographics**

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Child Last Name:** \_\_\_\_\_ **Child First Name:** \_\_\_\_\_  
**DOB** / / **Gender:** Male Female **School District:** \_\_\_\_\_

**Section II – Session Time Correction**

**Original Start Time:** \_\_\_\_\_ **Original End Time:** \_\_\_\_\_  
**New Start Time:** \_\_\_\_\_ **Cannot change from AM to PM or PM to AM** **New End Time:** \_\_\_\_\_  
**Note: Cannot change from half-day to full day or full-day to half-day, must contact the school district CPSE Office.**

**Section III – Change of Pick-up and/or Drop-off Location**

**When the home address DOES NOT change**

*Parent/Guardian must contact the school district CPSE Office when the home address changes/family moved.*

**Note: Short-term pick-up or drop-off change requests have a negative impact on all children; therefore, the Transportation Providers cannot accommodate these requests.**

**New Pick-up location Effective Date of Change:** \_\_\_\_\_  Is this address on a dead-end street, loop street, or a cul-de-sac?  
Y / N  
**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Authorized Person(s):** \_\_\_\_\_  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_  
**New Drop-off Effective Date of Change:** \_\_\_\_\_  Is this address on a dead-end street, loop street, or a cul-de-sac?  
Y / N  
**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Authorized Person(s):** \_\_\_\_\_  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

**Section IV – Emergency Drop-Off Information**

**Authorized Person and Phone contact information must be different from parent/guardian information!**

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Authorized Person(s):** \_\_\_\_\_

**Section V – Authorized Persons**

**Add / Delete: Name:** \_\_\_\_\_ **Add / Delete: Name:** \_\_\_\_\_  
**Add / Delete: Name:** \_\_\_\_\_ **Add / Delete: Name:** \_\_\_\_\_

**Section VI – Authorizing Signatures – Provider or School District personnel may sign on behalf of the parent/guard.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**District Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preschool Special Education Transportation Change Request Form**

**Section I – Child Demographics**

School District: \_\_\_\_\_  
 Child Last Name: \_\_\_\_\_ Child First Name: \_\_\_\_\_  
 DOB / / Gender: Male Female  
 Provider Name: \_\_\_\_\_ Location: \_\_\_\_\_

**Section II – End Date Change**

Reason: \_\_\_ Child transferred to \_\_\_\_\_ District. Last Day \_\_\_/\_\_\_/\_\_\_ End placement in eSTACs  
 \_\_\_ Child no longer attending center-based program as of \_\_\_/\_\_\_/\_\_\_ End placement in eSTACs  
 \_\_\_ Other: \_\_\_\_\_ of \_\_\_/\_\_\_/\_\_\_ End placement in eSTACs

**Section III – Transportation Mode Change**

**Requires Amended IEP, TRF, eSTACs Transportation Details, and CB 2001**

- A. Parent/Guardian Driving Round Trip start date: \_\_\_/\_\_\_/\_\_\_
- B. Parent/Guardian Driving One-way \_\_\_AM or \_\_\_PM start date \_\_\_/\_\_\_/\_\_\_ (May need to submit TRF)
- C. Round Trip bus transportation start date: \_\_\_/\_\_\_/\_\_\_ (Submit TRF in addition to the forms listed above)
- D. Wheelchair Start date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  
**Manual \_\_\_ or Electric \_\_\_ or Adaptive Stroller \_\_\_ (Must be on IEP)**

**Section IV– Transportation Session Time**

Original Start Time: \_\_\_\_\_ Original End Time: \_\_\_\_\_  
 New Start Time: \_\_\_\_\_ New End Time: \_\_\_\_\_  
 Amended/Corrected IEP and if necessary, placement submitted in eSTACs on \_\_\_/\_\_\_/\_\_\_

**Section V– Location Change within same Center Based Program**

**Requires Amended IEP, new TRF, new CB 2001 and if necessary, new placement. Upload and Submit in eSTACs**

Effective Date: \_\_\_/\_\_\_/\_\_\_  
 Original location approved on IEP: \_\_\_\_\_  
 New location approved on IEP: \_\_\_\_\_

**Section VI– New Center Based Program**

**Requires the following Uploaded and Submitted in eSTACs:**

- \_\_\_ Amendments to the Original IEP, STAC-1 and, Rescinded TRF
- \_\_\_ New STAC-1, new CB 2001, new IEP, and new TRF

**Please inform the Parent/Guardian these changes can take up to two weeks before the bus can be routed.**

**Section VII– Change of Pick-up and/or Drop-off**

***When the home address changes and the school district remains the same.***

**New Pick-up location Effective Date of Change:** \_\_\_\_\_ Is this address on a dead-end street, loop street, or a cul-de-sac? Y / N  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Authorized Person(s): \_\_\_\_\_  
 Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

**New Drop-off Effective Date of Change:** \_\_\_\_\_ Is this address on a dead-end street, loop street, or a cul-de-sac? Y / N  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Authorized Person(s): \_\_\_\_\_  
 Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

**Section VIII– Authorizing Signatures**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 School District Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_