

PROVIDER / DISTRICT

Signature instructions 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: _____
Address: _____ **City/Town:** _____ **Zip Code:** _____
Phone Number: _____ **Authorized Person(s):** _____
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
New Drop-off Effective Date of Change: _____
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: ___/___/___ Manual ___ or Electric ___ (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: _____

Address: _____ City/Town: _____ Zip Code: _____

Phone Number: _____ Authorized Person(s): _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

New Drop-off Effective Date of Change: _____

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: _____