

Upload one TRF per school session

Nassau County Department of Health
Office of Children with Special Needs
PRESCHOOL BUS
TRANSPORTATION REQUEST FORM (TRF)

REQUIRED
Please indicate any addresses listed are on a
dead-end street, loop street, or a cul-de-sac:
[] Legal Address
[] Other Address:
[] Pick up [] Drop Off
[] Emergency Drop Off:
[] #1 [] #2

() Original
() Amendment ___/___/___
() Rescind ___/___/___

School District Name: _____

Section I
Child's Legal Last Name _____ First _____ M.I. ___ DOB ___/___/___ M ___ F ___

Legal Address _____ Town _____ Zip Code _____

Parent/Guardian _____ Cell () _____ Additional Phone () _____
or Foster Parent Parent Name
Partner/Spouse Name _____ Cell () _____ Additional Phone () _____

Provider: _____
Street Address: _____ Town: _____
Start Time: _____ End Time: _____ Start Date ___/___/___ End Date ___/___/___

Section II - Routing - The bus will pick up and drop off this child from the legal address listed above unless a different location is requested below

PICK UP: Other Address M T W TH F Circle Days
Other Address M T W TH F Circle Days
BASED ON THE ROUTE AND/OR THE LOCATION OF PROVIDER SCHOOL, ROUTES CAN BE 90 MINUTES ONE WAY
PICK UP - IF OTHER THAN LEGAL ADDRESS
DROP-OFF - IF OTHER THAN LEGAL ADDRESS
Authorized Person:
Address:
City:
Phone: Cell:

Section III - Additional Authorized Persons

PERSONS AUTHORIZED TO RECEIVE CHILD: (MUST SHOW ID)
NAME: RELATIONSHIP:
NAME: RELATIONSHIP:
NAME: RELATIONSHIP:

Section IV - Seating and Special Needs* (Must check either Safety Restraint and supply child's weight OR Wheelchair*****)

Seating: [] Safety Restraint Child's Weight _____
[] Wheel Chair * _____ Manual* _____ or Electric* _____ Adaptive Stroller* _____ Lift Bus Must be authorized on IEP
[] Medical Needs or Other Concerns: _____
[] Health Care Professional must be authorized on the child's IEP to accompany child on the bus. Check only one: () LPN () RN
*ALL MOBILITY DEVICES MUST BE APPROVED BEFORE TRANSPORTATION CAN BEGIN

Section V - LOCAL EMERGENCY DROP OFF

(Must list two in Nassau County, in close proximity of school or home)
EMERGENCY DROP OFF # 1 EMERGENCY DROP OFF # 2
Name:
Relationship:
Address:
City: Nassau County, NY Zip:
Phone: Cell:

Section VI - Parent Transporting:

[] Reimbursement [] No Reimbursement
Circle which way the Parent/Guardian is driving: Driving child to school: M T W TH F Driving child home from school: M T W TH F

Section VII - Authorizing Signatures

Review all information before signing
SIGNATURE OF SCHOOL REPRESENTATIVE _____/_____/_____ and/or _____/_____/_____
DATE DATE PARENT/GUARDIAN/SURROGATE SIGNATURE DATE