

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

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

**Upload one TRF
 per school session**

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
 _____ Cell () _____ Additional Phone () _____
 Partner/Spouse Name

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	Other Address	M	T	W	TH	F	
		Circle Days							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: _____						Authorized Person: _____							
Address: _____						Address: _____							
City: _____						City: _____							
Phone: _____ Cell: _____						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 _____
 Seating: *****[] 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: _____	Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____ Nassau County, NY	City: _____ Nassau County, NY	City: _____ Nassau County, NY	City: _____ Nassau County, NY
Zip: _____	Zip: _____	Zip: _____	Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____	Phone: _____ Cell: _____	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

_____/_____/_____ and _____/_____/_____
 SIGNATURE OF SCHOOL REPRESENTATIVE DATE PARENT/GUARDIAN/SURROGATE SIGNATURE DATE