

School Year

\_\_\_\_\_

Start

Change

### Student Transportation Request Form

#### Contra Costa County Office of Education, Transportation Department

The following information must be provided for students requiring transportation services through CCCOE and their contractors, Student Transportation of America, and Pawar Transportation.

Please PRINT or TYPE

Student: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Sex:  Male  Female  Non-Binary Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Day Care: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PICK-UP/DROP-OFF INFORMATION:

School: \_\_\_\_\_ District of Residence: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date \_\_\_\_\_ Start Date: \_\_\_\_\_

Bell Times	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Pick-Up

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drop Off

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip Cod \_\_\_\_\_

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Confidential Biographical Information

Is the student currently taking medication: No Yes

If yes, what medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please Circle/Highlight Which of the Following are Applicable:**

Verbal      Non-Verbal      Hearing-Impaired      Ambulatory      Non-Ambulatory      Epileptic  
Visually Impaired      Hemophiliac      Intellectually Disabled      Emotionally Disturbed      Autistic  
Seizures – Type: \_\_\_\_\_

Attach Seizure Plan and/or IHP (Individual Healthcare Plan) if applicable.

Does the student exhibit unsafe behavior? \_\_\_\_\_

Is the student independent? \_\_\_\_\_

**Support:**

Tracheostomy Tube      Gastrostomy Tube      Diabetic      Oxygen

**Equipment:**

Wheelchair      Car Seat      Leg Brace      Walker      Stroller      Safety Vest      Other: \_\_\_\_\_

**Authorization to Transport Student**

Student Transportation of America and Pawar Transportation have contracted with the Contra Costa County Office of Education to provide transportation for students with special needs. The Office of Education requires that a parent, guardian, or responsible adult be present when the student arrives at their destination unless Authorization is provided for the student to have no adult supervision if 12 years or older.

**Select One:**

**An adult MUST be present.** The driver must not deliver my child to the drop-off address indicated above if there is no adult present to receive my child.

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a child with special needs who is 12 years old or older. I authorize the County Office of Education to allow Student Transportation of America and/or Pawar Transportation to transport my child to a destination without myself (the parent/guardian) or a responsible adult being present when my child arrives at the destination.

I agree to defend, hold harmless, indemnify, and release from liability the County Office of Education, their officers and employees, and Student Transportation of America and/or Pawar Transportation and its employees from any and all claims, costs, and liability for any damages, sickness, death, or injury to person(s), including, but not limited to the student named above, and/or property, including without limitation all consequential damages, from any cause whatsoever arising directly or indirectly from or connected with the transportation or delivery of the student named above to a destination where a parent/guardian or responsible adult will not be present when the student arrives, as authorized by me, the student's parent/guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature