

\_\_\_\_\_ New Request  
\_\_\_\_\_ Revised Request

**2017 - 2018**  
Chimacum School / Port Townsend Co-Op  
**SPECIAL TRANSPORTATION REQUEST**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School/Program \_\_\_\_\_

Parents \_\_\_\_\_ Home # \_\_\_\_\_ Grade \_\_\_\_\_

Home Address & City \_\_\_\_\_

Cell Ph # \_\_\_\_\_ of \_\_\_\_\_ Email \_\_\_\_\_  
Parent Name

Emergency contact person \_\_\_\_\_ Ph # \_\_\_\_\_

Pick up address (if other than home address) \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Take home address (if other than home address) \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Student needs receiving adult  At School  At Home  Both  Student may depart bus without receiving adult

Other persons who may receive student at bus stop:

Name & Ph# \_\_\_\_\_ Name & Ph# \_\_\_\_\_

Students will use Seat Belts on Special Needs Buses unless Child Safety Restraint System (CSRS) is required for disability.

Equipment required:  None  Safety Vest ~Size \_\_\_\_\_ (Size Options on Reverse)

5 PT Booster Seat  Wheelchair Lift

Time Considerations:

A.M. Preschool (2 day)  Regular school day  
 A.M. Preschool (3 day)  Other (specify) \_\_\_\_\_

Disability Requiring Transportation is: \_\_\_\_\_

Specific Health/Medical/Physical concerns or equipment (*oxygen, seizures, allergies, medications, non-verbal*):

Specific techniques working with this student (*behavioral intervention, emotional or physical responses*):

Name of person filling out form \_\_\_\_\_ Ph# \_\_\_\_\_

Date forwarded to transportation \_\_\_\_\_ (Please allow up to 3-5 days for transportation arrangements)

Date Special transportation to begin \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY TRANSPORTATION**

Date Stop Begins \_\_\_\_\_ Date Parent Notified \_\_\_\_\_ Date School Notified \_\_\_\_\_ Date Driver Notified \_\_\_\_\_

Notified by:  Phone  Message  E-mail Time \_\_\_\_\_ AM/PM

## CHILD SAFETY RESTRAINT SYSTEMS



5 PT BOOSTER SEAT  
Weight 25-90 lbs.



SAFETY VEST Sizes  
ES, S, M, L, XL

### Guidelines for Use of CSRS on School Buses

**5 Point Booster Seat:** Used for 1) Students 3-4 years of age or older while transitioning to buses with or without seatbelts 2) Special needs students requiring extra physical support and 3) Students with difficulty remaining seat belted.

**Safety Vest:** Used for students with difficulty remaining in a 5 point booster seat or 5 point securment. The vest is provided to the parent by the school district. Student wears the vest onto the bus in the morning. It is taken into the classroom with the student so it can be put back on for the bus ride home.

Note: During the learning period when students are transitioning from CSRS equipment, teachers may choose to use CSRS items in combination. Only teachers in conjunction with parents and OSE may indicate what CSRS items are used for each student. All changes must be updated on the transportation request form by the teacher or OSE and forwarded to Transportation.

Parents requesting changes through Transportation or the school bus driver will be referred to the student's teacher or OSE.

If the driver reports an emergency or an immediate safety issue, Transportation may decide to use a CSRS for the safety of the student and others, while awaiting transportation revisions.

**Transportation request forms are to be updated every school year.**