

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION TRANSPORTATION

AMARILLO, TEXAS

ESY – Regular Session  
Summer 2013

STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

STUDENT BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ MAILING ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PLEASE CHECK BELOW FOR APPROPRIATE SERVICE:

(1) Transportation from home to school  Pick-up address \_\_\_\_\_

(2) Transportation from school to home  Delivery address \_\_\_\_\_

ESY school location \_\_\_\_\_

TIME OF DAY SCHOOL STARTS AND ENDS: Starts 8:30 a.m. Ends 11:30 a.m.

PLEASE CIRCLE THE WEEKS AND THE DAYS YOUR CHILD WILL BE ATTENDING ESY:

June 17-19 Mon Tue Wed July 15-17 Mon Tue Wed

June 24-26 Mon Tue Wed July 22-24 Mon Tue Wed

July 29-31 Mon Tue Wed

Is student capable of being left at home without supervision? YES  NO

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Emergency telephone number \_\_\_\_\_

Please check if this child has any special seating requirements:

Wheelchair  Car seat  Lap belt  Shoulder belts  Other

Requirements: \_\_\_\_\_

Comments concerning medication and physical condition of which the school personnel should be aware:

\_\_\_\_\_  
\_\_\_\_\_

If during transportation, your child develops an emergency medical condition, where would you like to have your child taken? Name: \_\_\_\_\_

Address: \_\_\_\_\_

I verify that the above named student has been determined eligible for special education services by an ARD Committee, that the ARD Committee has established the student's need for special transportation and this will serve as my written approval for the above named student to utilize the special transportation system.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official (Signature)

\_\_\_\_\_  
Date