



Juniper Hill School
29 Upper Joclyn Avenue
Framingham, MA 01701
508.620.3875
Fax 508.620.2897

School district personnel must complete all information requested and return to ACCEPT Transportation. Please give the parents/guardians a copy of the Transportation Manual and the Health and Emergency Form. Thank you for your cooperation.

SPECIAL EDUCATION TRANSPORTATION REQUEST FORM 2011-2012

Date: CHECK ONE: New Request Change Request
District Name: District Contact Person:
Phone: Email:

I. STUDENT INFORMATION:

Student Name: SASID #
Date of Birth: Gender: Male Female
Student Address:
STREET TOWN ZIP EMAIL
Parent/Guardian Name: LAST FIRST MI
Phone: Home Cell Work

2. PLACEMENT INFORMATION:

School Name:
School Address:
Contact Person: Phone:
Days of Week Start Time: Dismissal Time:
Early Release Days:
Program Start Date: Program End Date:
Extended or Shortened Day School Schedule/location if different:

3. Place OF DROP OFF if Different than Home address:

STREET CITY STATE ZIP

4. Please specify the student's special needs that the driver should be aware of:

4a. List the appropriate methods and/or emergency measures to meet those needs to insure safe transport of the student: (for example: G tubes, Seizures, Magnets, Allergies, Self Injurious Behaviors, etc.)

4b. Special Equipment/Personnel/Outlined in IEP (CHECK all that apply)

Monitor CPR Monitor Behavior Nurse Car Seat Booster Seat BuckleCover

4c. Other

4d. Does this student have a school-based Health Care Plan? No Yes If yes, please attach.

LEA Representative Signature:

Date: