



DURHAM DISTRICT SCHOOL BOARD

SPECIAL NEEDS TRANSPORTATION INFORMATION FORM

Parent/Guardian: If there is information regarding your child which you would like the bus driver to know, please complete this form and return it to your child's school. The form will be forwarded to the Transportation Department. A copy will be retained at the school.

School Name: _____

Student Name: _____

Student ID# _____

Home Address: _____

Telephone Number (Home) _____

(Business) _____

Information (medical or otherwise) which you wish to make available to the school bus driver to ensure a safe ride:

Please use reverse of form if necessary.

Permission to release information:

I understand that the information on this form is for communication purposes only. This form will be given to the school bus driver so that he/she is aware of any special requirements during the time of the bus ride to and from school. Please note that the information on this form expires on June 30 of the current school year.

Signature: _____

Date: _____