



Ventura County Office of Education TRANSPORTATION REQUEST FORM

email form to: transportation @ vcoe.org

TODAY'S DATE:	SERVICE:	BEGIN DATE:	END DATE:	TRANSPORTATION LVL OF SVC:	SD/OI:
SCHOOL:	CLASS HOURS:	TEACHER:	GRADE LVL:	DISTRICT OF RESIDENCE:	
STUDENT:	GENDER:	DOB:	PRIMARY LANGUAGE:		
RESIDENT ADDRESS:	CITY:	ZIP:	EMAIL:		
PARENT/GUARDIAN:	PRIMARY PHONE #:	SECONDARY PHONE #:	ALTERNATE PHONE #:		

SPECIAL REQUIREMENTS

Allergies	Medication Transported	Seizures	Wheel Chair - Oversized
Emergency Plan (please provide copy)	Non-Verbal	Visually Impaired	Car Seat
Hearing Impaired	Safety Vest	Wheel Chair	Other

TRANSPORTATION INFORMATION (Service Address)

Student needs to be picked up or delivered on a continual basis to an address other than the home, as follows:

PICKUP (must be same for every day of week):	NAME:	PHONE #:
DELIVERY (must be same for every day of week):	NAME:	PHONE #:

SPECIAL NEEDS:

EMERGENCY CONTACT INFORMATION (MUST be other than parent/guardian)

NAME:	ADDRESS:	PRIMARY PHONE #:	SECONDARY PHONE #:
NAME:	ADDRESS:	PRIMARY PHONE #:	SECONDARY PHONE #:
NAME:	ADDRESS:	PRIMARY PHONE #:	SECONDARY PHONE #:

PREPARED BY:

SITE/LOCATION:

CONTACT #:

EMAIL: