



Ventura County Office of Education TRANSPORTATION REQUEST FORM

email form to: transportation@vcoe.org

TODAY'S DATE:	SERVICE:	BEGIN DATE:	END DATE:	LEVEL OF SERVICE:	DISTRICT OF RESIDENCE:
SCHOOL:	CLASS HOURS:	TEACHER:	GRADE LVL:		
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	Must NOT be Met (<i>Release form MUST be attached</i>)

TRANSPORTATION INFORMATION (Service Address)

COMPLETE ONLY IF 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 REQUIRED FOR TRANSPORTATION (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:
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