

New Pupil		<p align="center">The Autism Academy of Learning of Lucas County, Ohio</p> <p align="center">Pupil Transportation Enrollment Data for Special Education Students</p>				Today's Date	
Change of Address						Date to Begin	
Withdrawn from Transportation						Date to End	
Student Name		Assigned School		Location #		Sex (circle) M F	
Student Address		City		Zip		Student Number	
Parent's Name		Home Phone		Emergency Phone		Grade	
Parent's Name		Home Phone		Emergency Phone		Home Language	

Securement System/Medical Diagnosis
(check all that apply)

Seatbelt Car seat(s) # _____ Harness Oxygen Wheelchair Oversized W/C Other _____
 Respiratory Problems Behavior Concerns Seizures Hearing Impaired Visually Impaired Non-Verbal

Transportation Information

Pick-up Address (request)		City	Zip	Special Transportation Needs
Drop-off Address (request)		City	Zip	
Address (Indicate address for "Change of Address")		City	Zip	

To be filled in by Area Transportation Department

Active Date	Area	Date	
Route #	AM Time	Driver's Name (Print)	Date
Route #	PM Time	Driver's Signature	Date

Comments

To be Filled In by Driver
I have read the above information and understand all information listed. Along with the Original copy of this form, I have received a copy of an up-to-date schedule.