

ONLY Completed forms accepted

Atchison Public Schools SPED BUS FORM

Use black or blue ink pens -
NO PENCILS

AES (Grade) ____ AMS (Grade) ____ AHS (Grade) ____ CS (Grade) ____ CS/A (Grade) ____
 *Only Preschool/Pre-K (Age) ____ SBC (Grade) ____ TLS (Grade) ____ MHMA (Grade) ____ RBI (Grade) ____
 AM
 PM

Student's Name: _____ Student's DOB: _____
 (First and Last) (A separate form must be completed for each child requesting to ride a USD 409 school bus) MM/DD/YYYY

Parent/Guardian's Name (First and Last): _____
 Home Address (No P.O. Box Numbers) _____
 Email Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Day Time Emergency Contact Name: _____ Phone: _____
 Day Care/Sitter Friend/Family Work/Other

Write this student's pick up and drop off address below:

BEFORE school pick up address (No P.O. Box Numbers): _____
 This address is: Home Sitter/Day Care Relative Other NO bus service needed

AFTER school pick up address (No P.O. Box Numbers): _____
 This address is: Home Sitter/Day Care Relative Other NO bus service needed

All students will have only one designated pick up and drop off point. Students signed up for bus transportation will ONLY be allowed to ride from their designated pick up point and/or to their designated drop off point.

409 STAFF ONLY	<input type="checkbox"/> Speech	<input type="checkbox"/> A.T.	<input type="checkbox"/> Target	<input type="checkbox"/> Work Study	<input type="checkbox"/> Other
<input type="checkbox"/> Class Begins (time):			<input type="checkbox"/> Class Ends (time):		
Class Location	<input type="checkbox"/> AES-P <input type="checkbox"/> AES-I <input type="checkbox"/> AMS	<input type="checkbox"/> AHS <input type="checkbox"/> CS	<input type="checkbox"/> ACCA <input type="checkbox"/> NEKTC (list site)	<input type="checkbox"/> Other _____	
Additional Information:					
<input type="checkbox"/> Daily (M-F)	OR only:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur <input type="checkbox"/> Fri

Justification for Sped Transportation: _____
 Reg. Ed. Bus with Supervision Sped Bus with Supervision Sped Bus with Supervision / Door to Door

FOR SERVICE CENTER OFFICE USE ONLY

BEFORE CLASS PICK UP:	BEFORE CLASS DROP OFF:
Pick Up Address: _____	Drop Off Point: AES-P AES-I AMS AHS CS ACCA NEKTC
Pick Up Time: _____	Drop Off Time: _____
Driver's Name: _____	Bus Number: _____

Pick Up Point: AES-P AES-I AMS AHS CS ACCA NEKTC	Drop Off Point: _____
Pick Up Time: _____	Drop Off Time: _____
Driver's Name: _____	Bus Number: _____

This student will begin riding on:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	MM/DD/YY
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