

PLANO ISD
TRANSPORTATION SERVICES

SPECIAL NEEDS
FIELD TRIP BUSING INTAKE FORM



Trip Request # _____

Trip Date: _____

STUDENT INFORMATION

Student I.D.: _____

Student Name: _____

Does student currently ride a Plano ISD Special Education Bus?

YES

NO

*** If no, please specify which equipment is needed below ***

Which equipment are you requesting:	<input type="checkbox"/> Seatbelt <input type="checkbox"/> Cam-Wrap (Student should already have district issued vest should this be needed) <input type="checkbox"/> Safety Harness Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg
Vehicle Type:	<input type="checkbox"/> SpEd Bus (2 Wheelchair Slots / Up to 18 passengers total) <input type="checkbox"/> Regular Ed Bus (55 total passengers)

SpEd TEACHER INFORMATION

Name: _____

Phone Number: _____

Email Address: _____

TRANSPORTATION OFFICE USE BELOW

Date Campus was contacted:	
Transportation Notifications:	Special Needs Supervisors: <input type="checkbox"/> YES <input type="checkbox"/> NO Dispatch: <input type="checkbox"/> YES <input type="checkbox"/> NO Field Trip Specialist: <input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment Used:	Seatbelt <input type="checkbox"/> YES <input type="checkbox"/> NO Cam-Wrap <input type="checkbox"/> YES <input type="checkbox"/> NO Safety Harness <input type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle Type:	<input type="checkbox"/> SpEd Bus <input type="checkbox"/> Regular Ed Bus
Assistant Needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO