

**SWAN VALLEY SCHOOL DIVISION  
PERSONAL TRANSPORTATION PLAN**



**SECTION A to D —PERSONAL INFORMATION (TO BE COMPLETED BY SCHOOL AND PARENT)**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Grade: \_\_\_\_\_  
mm/dd/yyyy

MET#: \_\_\_\_\_      PTP Date \_\_\_/\_\_\_/\_\_\_      Review Date: \_\_\_/\_\_\_/\_\_\_  
mm/dd/yyyy      mm/dd/yyyy

Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone (H) \_\_\_\_\_

(W) \_\_\_\_\_

(Fax) \_\_\_\_\_

E mail \_\_\_\_\_

(Cell) \_\_\_\_\_

(Cell) \_\_\_\_\_

**SIGNATURES:**

Parent/Guardian	Parent/Guardian

Student Services	Principal

Transportation Supervisor	Other

Date

**SECTION B — STUDENT PROFILE (LIST SPECIAL TRAITS, DIAGNOSIS, AND/OR PHYSICAL CHALLENGES)**

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MEDICAL CONDITION:

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HEALTH PLAN ATTACHED: YES No (if yes, please attach)

BEHAVIOR PLAN: YES No (if yes, please attach)

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**SECTION C — SPECIAL INSTRUCTIONS FOR EMERGENCY SITUATIONS**

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**SECTION D —**

<b>SPECIAL BUS EQUIPMENT</b>	
Type of Vehicle required?	
Wheelchair lift required?	

<b>MOBILITY OF CHILD</b>	
<b>Requires assistance:</b>	Yes or No. Please explain.
Assistance Boarding the Bus	
Assistance Entering the School	

CHILD USES:			
Wheelchair <input type="checkbox"/>	Elbow Crutches <input type="checkbox"/>	Walker <input type="checkbox"/>	Canes <input type="checkbox"/>
Braces only <input type="checkbox"/>	Walker <input type="checkbox"/>	Lap belts <input type="checkbox"/>	Boston Jacket <input type="checkbox"/>
V vest <input type="checkbox"/>	Other <input type="checkbox"/>	Car seat <input type="checkbox"/>	
Special Instructions:			

SPECIAL PERSONNEL	
Assignment of personnel:	NAME:
Home pick-up	
School drop-off	
School pick-up	
Home drop-off	
Bus	

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**SECTION E — TRANSPORTATION ARRANGEMENTS (TO BE COMPLETED BY TRANSPORTATION DEPARTMENT)**

Bus#: \_\_\_\_\_ Bus Driver Name: \_\_\_\_\_

Pick up Time: A.M. \_\_\_\_\_ Drop Off Time: P.M. \_\_\_\_\_

Effective Date Service is to begin: \_\_\_\_\_

Effective Date Service is to terminate: \_\_\_\_\_