

# Summit Preschool Individual Transportation Plan (ITP)



Student's Name _____		Date of Birth _____		
School District _____	Last _____	First _____	Summit Districts AM	PM
Student Home Address _____	Street address _____	Home Phone _____	Portage Districts M/W	T/Th
City _____	Zip code _____		Gender Male	Female
Parent Name _____	Phone # _____		Work # _____	
Parent Name _____	Phone # _____		Work # _____	
Emergency Contact Name #1 <small>(Other than the parent)</small>	Phone # _____	Relationship to child _____		
Emergency Contact Name #2 <small>(Other than the parent)</small>	Phone # _____	Relationship to child _____		

### Passenger Conditions

Does the student/passenger have any of the following conditions or needs? (check below)

Health Management Plan in place at home or school?	Yes	No
	Unknown	
Specific medical conditions:		
Asthma or other respiratory condition	Seizure prone	
Cardiac Problem	Feeding tube or significant swallowing problems	
Allergies:	Spinal rod, fragile	
Shunt(specify location)	Other:	
Other passenger needs:		
Securement system (harness, car seat)	Wheelchair accessible bus	
Communication Device	Communication needs (limited language)	
Oxygen used or ventilator	Limitation on ride time due to health	
Adaptive equipment (walker, etc.)		

### Transportation pick up/drop off Information

If your child is transported to/from a location other than your residence, it must be within the school district boundaries.

Requesting <b>Pick up</b> from:	Home	alternate location
If alternate, list address _____		
Requesting <b>Drop off</b> from:	Home	alternate location
If alternate, list address _____		
Who will be at the location for pick up/ drop off to receive your child? _____		
I give permission for my child to be transported to and from school		

Parent Signature:

Date: