



Fairfield Public Schools Special Education Transportation Request Form

You may fill out this form in pen or electronically. After completion, submit to the Special Ed Dept. or the Early Childhood Center:
SpEd Fax: 203-255-8247 / Early Childhood Center via email: ECCBus@fairfieldschools.org **OR** Fax 203-255-8290 **OR** drop-off at the ECC.

Date: Student Name Date of Birth Age

School Program Teacher

Home Address City State Zip

Home Phone# (10 digit) School District

Parents' Name Business/Cell Phone# (10 digit)

Emergency Contact Phone# (10 digit)

Emergency Contact Phone# (10 digit)

I DO NOT REQUIRE/REQUEST TRANSPORTATION FOR MY CHILD

Parent Signature

**For the child's safety, daily pick-up and drop-off must be at a consistent location.
All pick-up and drop-off locations must be in the Town of Fairfield.**

Special Notes:(e.g.: medical problems, seizure, non-verbal, hearing-impaired, behavioral needs, wheel chair, oxygen...)

CHECK ONE: Seat Belt Seat Belt with Harness Integrated Booster Seat If Booster Seat, Child's Height & Weight

STUDENT TRANSPORTATION SCHEDULE: *If alternate location is chosen, you must complete the details at bottom of form.*

	PICK-UP LOCATION <small>To Be Completed By Transportation Office</small>	DROP-OFF LOCATION: <small>To Be Completed By Transportation Office</small>	Transportation Notes
<input type="checkbox"/> Mon.	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate School Arrival: <input type="text"/> Pick-up Time: <input type="text"/> Bus: <input type="text"/>	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate Departure Time: <input type="text"/> Drop-off Time: <input type="text"/> Bus: <input type="text"/>	
<input type="checkbox"/> Tues.	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate School Arrival: <input type="text"/> Pick-up Time: <input type="text"/> Bus: <input type="text"/>	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate Departure Time: <input type="text"/> Drop-off Time: <input type="text"/> Bus: <input type="text"/>	
<input type="checkbox"/> Weds.	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate School Arrival: <input type="text"/> Pick-up Time: <input type="text"/> Bus: <input type="text"/>	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate Departure Time: <input type="text"/> Drop-off Time: <input type="text"/> Bus: <input type="text"/>	
<input type="checkbox"/> Thurs.	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate School Arrival: <input type="text"/> Pick-up Time: <input type="text"/> Bus: <input type="text"/>	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate Departure Time: <input type="text"/> Drop-off Time: <input type="text"/> Bus: <input type="text"/>	
<input type="checkbox"/> Fri.	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate School Arrival: <input type="text"/> Pick-up Time: <input type="text"/> Bus: <input type="text"/>	<input type="checkbox"/> Home Begin Date: <input type="text"/> <input type="checkbox"/> Alternate Departure Time: <input type="text"/> Drop-off Time: <input type="text"/> Bus: <input type="text"/>	

ALTERNATE Location: (If selected above; must be in Fairfield)

Name Phone#

Address

APPROVAL SIGNATURE:

Special Ed. Administrator
Signature Required