

New Pupil		<p align="center">The Autism Academy of Learning of Lucas County, Ohio</p> <p align="center">Pupil Transportation Enrollment Data for Special Education Students</p>				Today's Date		
Change of Address						Date to Begin		
Withdrawn from Transportation						Date to End		
Student Name		Boundary School	Assigned School		Location #	Sex (circle) M F		
Student Address		City	Zip	Student Number				
Parent's Name		Home Phone	Emergency Phone		Grade	Eligibilities		
Parent's Name		Home Phone	Emergency Phone		Home Language			

<p align="center">Securement System/Medical Diagnosis (check all that apply)</p>	
No Securement Required	___ Seatbelt ___ Car seat(s) # ___ Harness ___ Oxygen ___ Wheelchair ___ Oversized W/C ___ Other ___
No Medical Concerns	___ Respiratory Problems ___ Behavior Concerns ___ Seizures ___ Hearing Impaired ___ Visually Impaired ___ Non-Verbal ___

Transportation Information			
Pick-up Address (request)	City	Zip	Special Transportation Needs
Drop-off Address (request)	City	Zip	
Address (Indicate address for "Change of Address")	City	Zip	
To be filled in by Area Transportation Department			
Active Date	Area	To be Filled In by Driver	
Route #	AM Time	Driver's Name (Print)	Date
Route #	PM Time	Driver's Signature	Date
Comments			

I have read the above information and understand all information listed. Along with the Original copy of this form, I have received a copy of an up-to-date schedule.