

Sussex County Regional Cooperative
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Bus Aide Request Form

Board of Education _____

Phone Number _____

School Year _____

*Pupil Name: _____ Sex: _____ D.O.B. _____
Last First M.I.

*Parent or Guardian: _____ *Home Phone: _____

*Work Phone: _____ Cell Phone: _____

*Physical Address: _____

Street Name & Residing Town

*School to be attended: _____ *Type of Program _____

*School Address: _____

Please place a checkmark at each special requirement for the Bus Aide and Student which will assist with creating a safe transportation environment:

_____ General Bus Aide is required _____ Personal 1:1 Bus Aide is required

_____ Male Bus Aide is Preferred _____ Female Bus Aide is Preferred

_____ Bus Aide must be trained in seizure management

_____ Bus Aide must be trained in the usage of an epi pen

_____ Bus Aide must be trained to manage a severely medically fragile student

_____ Bus Aide must be trained to properly secure a student in a harness __, car seat __, & wheelchair tie-downs _____

_____ Student has severe allergies to: _____

_____ Student is non-verbal _____ Student is aggressive & requires personal attention

_____ Student must not sit near other students _____ Student requires climate control

_____ Student must not exceed the following time limit due to medication regiment: _____

Student requires the following special requirements to ensure a safe environment, Example: headphones, fidget boxes, to avoid certain triggers, calming techniques, seating space, etc....

