

Sussex County Regional Cooperative
PO Box 1029, Hopatcong, NJ 07843

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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....

