

**New Jersey Department of Education
Office of Special Education Programs
STUDENT BUS INFORMATION CARD**

Name:	Date:
Age:	School:

Please use the space below to provide information to the school bus driver and/or bus aide that will assist them in ensuring your child rides the bus successfully.

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Does your child utilize any adaptive equipment, including a communication device, that the school bus driver and/or aide should be familiar with?

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Additional Comments/Suggestions:

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Parent/Guardian Signature:	Date:
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