**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.** |
| **Does your child utilize any adaptive equipment, including a communication device, that the school bus driver and/or aide should be familiar with?** |
| **Additional Comments/Suggestions:** |
| **Parent/Guardian Signature: Date:** |