**New Jersey Department of Education  
Office of Special Education Programs**

**STUDENT BUS INFORMATION CARD**

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| **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:** | | |