

**CONFIDENTIAL BIOGRAPHICAL INFORMATION**

**Contra Costa County Office of Education, Transportation Department**

The following information must be provided for students requiring transportation services through CCCOE and their contractor, Durham School Services.

Please **PRINT** or **TYPE**

Name of Student: \_\_\_\_\_ Sex **F** **M** DOB: \_\_\_\_\_

*LAST* *FIRST*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: Mother \_\_\_\_\_ Father: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

Is student currently taking medication: **NO** **YES**

If yes, what medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE CHECK WHICH OF THE FOLLOWING ARE APPLICABLE:**

Verbal Non-verbal Hearing Impaired Ambulatory Non-Ambulatory

Visually impaired Epileptic Hemophiliac Mentally Challenged

Emotionally Disturbed Tracheostomy tube Gastrostomy tube Diabetic Oxygen

Seizures -Type \_\_\_\_\_

OTHER –Please Specify: \_\_\_\_\_

Special Instructions for working with student: (Usual Behavior, UNUSUAL Behavior; language, etc.)

**Special Equipment:**

Wheelchair Leg Braces Walker

Safety Vest (If a safety vest must be ordered, please provide CHEST & WAIST measurements taken with student (CLOTHED) CHEST \_\_\_\_\_ WAIST \_\_\_\_\_

Other Equipment \_\_\_\_\_

**Note: Permanent changes** in address, phone, emergency contacts, pick-up/drop-off locations or other vital information must be communicated to the Contra Costa County Office of Education, Transportation Office at (925) 942-3477. For temporary or "one-time-only" changes in pick-up or drop-off addresses, please contact Durham School Services at (925) 686-3391.

