

**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: