

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

**STUDENT BUS INFORMATION CARD**

<b>Name:</b>	<b>Date:</b>
<b>Age:</b>	<b>School:</b>

**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:**