



**SPECIAL EDUCATION STUDENTS EQUIPMENT
MEASUREMENT FORM**

CAR SEAT

OR

SAFETY SUPPORT VEST

(please choose ONE of the above)

Please provide the following information for your child so that we may ensure a proper fit for your student's needs with either a CAR SEAT (or) a SAFETY SUPPORT SYSTEM. This requirement applies to students transported in our small Special Education buses and our students who ride in sedans and vans. Students who are required to be transported in safety support vests or car seats will have the appropriate equipment provided at no cost to parents or guardians for use during transportation of your student. Primarily Safety Support Vests remain with the bus, cab or secured vehicle driver **except** for instances where the student requires assistance from family members and school staff, for those exceptions, vests may remain with the student in the home. Remember to update your child's growth every year so we can provide the appropriate equipment. Your assistance is greatly appreciated.

Student Name _____ District ID# _____

Student Date of Birth _____ Grade _____

School/Program Name _____ Teacher _____

STUDENT MEASUREMENTS

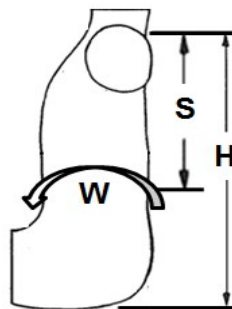
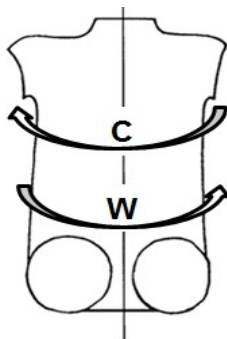
Student's Height head to toe _____ inches

Student's Weight _____ lbs.

Chest **(C)** _____ inches,

Waist **(W)** _____ inches, Mid-body
Height from shoulder to waist **(S)**
_____ inches,

Total Body Height from shoulder to
bottom **(H)** _____ inches



(Printed)

(Parent, Guardian or School Staff) Name _____

(same as above) Signature _____ Date _____