

Special Needs Transportation Request

Individual Completing Form (Please print legibly) _____

Phone Number _____

Date _____

Regular Route (For Bus Driver information only) – MARSS 01

Regular Route (Mod. bus, para on bus, additional route) – MARSS 03

Special Route during the day

Student and Parent Information

Student Legal Name: _____

DOB: _____

Chosen Name: _____

Program: _____

Address: _____

Grade: _____

City, State, Zip: _____

Parent/Guardian: _____

Home phone: _____

Email: _____

Cell phone: _____

Emergency Contact: _____

Home phone: _____

Address: _____

Cell phone: _____

Medical information driver may need: _____

Special Instructions for the bus driver: _____

Check if Needed:

Seat belt

Ramp/Lift

Paraprofessional on route

Other _____

Torso Support

Curb to Curb

Wheel chair

Car Seat

Order Request:

New

Change _____

Cancel (Stop Date) _____

Continue

M

T

W

Th

F

AM

PM

Program _____

Student is to be picked up at: Daycare Home Other _____

Student is to be dropped off at: Daycare Home Other _____

Daycare Address: _____

Daycare Contact: _____ Daycare Phone: _____

Mid-Day Transfer: _____ Location Phone: _____

Is adult supervision required when student is dropped off? YES NO

This information was verified with parent: _____ (method) Date: _____

This form must be sent to:

Transportation Personnel (Check transporting district) AND

MARSS Personnel

AND Google Doc

BEA: LeAnne Scholl

MCW: Greg Wohlhuter

BEA: Alan Wilhelmi

MCW: Jessica Maday

FAS: Minnesota Motor Bus

SPEC: (District Personnel)

FAS: Sarah Truesdell

SPEC: Shelley Junkermeier

GHEC: Ron Lenz

USC: Chris Whiteside

GHEC: Kris Wilk

USC: Shannon Zebro (HS), Jackie Leesch (Elem)