

# Special Needs Transportation Request

Individual Completing Form (Please print legibly) \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Transport Notified \_\_\_\_\_ Start Date \_\_\_\_\_

- ECSE       Special Ed. Route       Regular Route (For Bus Driver information only) – MARSS 01  
 Regular Route (Modified bus, para on bus, additional route) – MARSS 03

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## Student and Parent Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
DOB: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ 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       Other \_\_\_\_\_  
 Torso Support       Curb to Curb       Wheel chair  Car Seat

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## Order Request:

- New       Change \_\_\_\_\_       Cancel (Stop Date) \_\_\_\_\_  
 M    T    W    Th    F       AM    PM      School \_\_\_\_\_

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: \_\_\_\_\_

Is adult supervision required at home when student is dropped off?       YES       NO  
This information was verified with parent: \_\_\_\_\_ (method) Date: \_\_\_\_\_

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## This form must be sent to:

### Transportation Personnel (Check district transporting student)

- BEA: LeAnne Scholl       MCW: Greg Wohlhuter  
 FAS: Minnesota Motor Bus       SPEC: (District Personnel)  
 GHEC: Ron Lenz       USC: Brennan Magnuson

### MARSS Personnel

- BEA: Alan Wilhelmi      MCW: Alicia Swanson  
FAS: Sarah Truesdell      SPEC: Shelley Junkermeier  
GHEC: Kris Wilk  
USC: Shannon Zebro (HS), Jackie Leesch (Elem)