

Special Needs Transportation Request

Individual Completing Form (Please print legibly) _____

Phone Number _____

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
-

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
-

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: _____

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: Chris Whiteside

MARSS Personnel

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