

# 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

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## Student and Parent Information

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Program: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Grade: \_\_\_\_\_

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) \_\_\_\_\_  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: \_\_\_\_\_

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## This form must be sent to:

**Transportation Personnel (Check transporting district) AND MARSS Personnel**

BEA: Dan Brod  MCW: Greg Wohlhuter  
 FAS: Minnesota Motor Bus  Truman: Shirley Rohman  
 GHEC: Ron Lenz  
 USC: Chris Whiteside

BEA: Alan Wilhelmi  MCW: Jessica Maday  
 FAS: Mary Cole  Truman: Shirley Rohman  
 GHEC: Kris Wilk  SPEC: Shelley Junkermeier  
 USC: Shannon Zebro (HS), Jackie Leesch (Elem)