

## Special Education Transportation Request

This form is to be completed annually, or when changes in transportation arrangements occur.

The Special Education case manager completes this form and routes to (mark all that apply):

Bus Company     MARSS     Business Manager     MA Billing Coordinator

Other \_\_\_\_\_

Person completing form:

Date:

Title:

Phone Number:

Building:

Order Request:

New

Change Order

Cancel Order

\_\_\_\_\_ requires specialized transportation as determined by his/  
her IEP team on \_\_\_\_\_ Home District: \_\_\_\_\_

### Student and Parent Information

Student Name:

Grade:

Address:

City, State ZIP:

Primary Contact:

Home Phone:

Cell Phone:

Work Phone:

E-Mail 1:

Email 2:

Secondary Contact:

Home Phone:

Cell Phone:

Work Phone:

E-Mail 1:

E-Mail 2:

### Order Details

Transportation to **START** on:

Transportation to **STOP** on:

Time (School hours):

Days Attending:

M

T

W

TH

F

Daycare/Other Address:

Daycare/Other Contact & Phone:

## **Pick up & Drop off Locations**

Student is to be picked up at:      Daycare              Home              Other (ex. Private school)

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Student is to be dropped off at:      Daycare              Home              Other (ex. Private school)

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### **Special Instructions:**

Seat belt      Ramp/Lift              Bus Aide              Torso Support              Curb to Curb  
Wheel Chair w/ Fasteners              Other \_\_\_\_\_

**Is adult supervision required at home when student is dropped off?**     Yes     No

If yes, name the individuals allowed to receive the student:

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If yes, parent understands that if no one is home to receive the child, he/she may be taken to the police station. If the parent is not at the bus stop at the scheduled drop off time, the number of minutes late for each occurrence will be tracked and turned over to the Department of Health and Human Services as staff deem necessary for child welfare.

## **Medical Information**

Conditions:

Medications:

Physician:

Phone:

**This was verified with parent on:** \_\_\_\_\_ **By:** \_\_\_\_\_

**TRANSPORTATION CAN NOT BE ARRANGED UNTIL THIS FORM IS ON FILE**

MARSS: use transportation category 03. UFARS: use finance code 723. MA Billing: follow process to determine if child is MA eligible and then determine if transportation is a billable expense.