



Special Education Transportation Request

The special education case manager completes this form and routes to the Bus Company, MARSS, UFARS and Third Party Billing Coordinator.

To:

Title:

From:

Phone Number:

Date:

Order Request:

New

Change Order

Cancel Order

_____ requires specialized transportation as determined by his/her IEP team
(Student Name)

on _____.
(Date)

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

Student & Parent Information

Student Name:

Grade:

Address:

City, State ZIP:

Primary Contact:

Home Phone:

Cell Phone:

Work Phone:

E-mail 1:

E-mail 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:

Daycare Address:

Daycare Contact & Phone:



Pick Up & Drop off Locations

Student is to be picked up at: Daycare Home

Student is to be dropped off at: Daycare Home

Seat belt Ramp/Lift Bus Aide Other

Torso Support Curb to Curb Wheel Chair W/Fasteners

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

If yes, parent understands that if no one is home to receive, the child may be taken to the police station.

**This was verified with parent on (enter date) _____ by
(enter staff member name) _____.**