

Special Education Transportation Request

Complete this form annually and whenever changes in transportation arrangements occur.

The special education case manager completes this form and routes to all of the following:

- Bus Company
 MARSS Staff
 Business Manager
 MA Billing Coordinator
 Other _____

Person Completing Form: _____ Title: _____

Phone Number: _____ Building: _____

Date Completed: _____

_____ requires specialized transportation as determined by
 [Student Name] his/her IEP team on _____ [date].

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.

Order Request:

New

Change Order

Cancel Order

Student & Parent Information

Student Name:

Grade:

Address:

Home Phone:

City, State ZIP:

Primary Contact:

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 [date]: Transportation to **STOP** on [date]:

Time [School hours]:

Days Attending:

Daycare Address:

Daycare/Other Contact Person:

Daycare/Other Phone:

Pick Up & Drop Off Locations

Student is to be picked up at:

- Home
- Daycare
- Other (ex. Private school)

Student is to be dropped off at:

- Home
- Daycare
- Other (ex. Private school)

Special Instructions:

- Seat belt Ramp/Lift Bus Aide/PCA Curb to curb
- Torso Support Wheel Chair W/Fasteners Positive Behavior Support Plan
(provide copy of PBSP to driver)
- Other _____

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.

Medical Information:

Conditions: _____

Medications _____

Physician _____ Phone: _____

This information was verified with parent on _____ [date] by

_____ [staff member name].

TRANSPORTATION CANNOT BE ARRANGED UNTIL THIS FORM IS ON FILE