

ST. CLOUD AREA SCHOOLS, DISTRICT 742  
TRANSPORTATION SERVICES

**SPECIAL EDUCATION TRANSPORTATION REQUEST FORM**

DATE:

STUDENT'S NAME:	
PARENT/GUARDIAN NAME:	
HOME ADDRESS:	HOME PHONE:
	CELL PHONE:
	EMERGENCY PHONE #:
	<input type="checkbox"/> PICK UP AT HOME <input type="checkbox"/> DROP OFF AT HOME
<b>CHILD CARE PROVIDER INFORMATION (if applicable)</b>	
CHILD CARE PROVIDER NAME:	
CHILD CARE ADDRESS:	PHONE #:
	<input type="checkbox"/> PICK UP AT DAYCARE <input type="checkbox"/> DROP OFF AT DAYCARE
<b>SCHOOL INFORMATION</b>	
SCHOOL/PROGRAM TO ATTEND:	
STAFF CONTACT NAME AT RECEIVING SCHOOL:	
PHONE #:	
OTHER INFORMATION (check below):	
<input type="checkbox"/> SHORTENED DAY	<input type="checkbox"/> SPECIAL HARNESS/CAR SEAT/SAFTEY VEST REQUIRED
<input type="checkbox"/> WHEELCHAIR LIFT REQUIRED	<input type="checkbox"/> ONE-ON-ONE AIDE REQUIRED (up to 3 students may ride with one aide)
<input type="checkbox"/> Other _____	
TRANSPORTATION REQUESTED BY/CONTACT PERSON: _____ START DATE: ___/___/___ (Please plan on 3-5 working days after this form has been received at DSB)	

SPECIAL EDUCATION SUPERVISOR SIGNATURE: \_\_\_\_\_

(This form must be signed before it is forwarded to Transportation at DSB.)

Please fax or send this form to Donna at DSB, fax number 529-4341. For questions, call Donna at ext. 1406.

*This form is to be used for transportation to/from school only, please use the shuttle request form for transportation between schools.*