



# Cloquet School District #94 Request for Specialized Transportation

Date Originated:		Start Date:		End Date:	
<input type="checkbox"/> Churchill Elementary		<input type="checkbox"/> Washington Elementary		<input type="checkbox"/> ECSE	
<input type="checkbox"/> CHS		<input type="checkbox"/> CAAEP-Garfield		<input type="checkbox"/> CMS	
<input type="checkbox"/> Out-of-District (complete section below)					
<b>STUDENT INFORMATION</b>					
Student's Legal Name:				Home Phone:	
Date of birth:     /     /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade:	Student ID #
Home address:					
City:		State:		ZIP Code:	
<b>PRIMARY PARENT INFORMATION</b>					
Mother's Legal Name:				Home Phone:	
Work Phone:		Cell Phone:		Email:	
Father's Legal Name:				Home Phone:	
Work Phone:		Cell Phone:		Email:	
<b>SECONDARY FAMILY INFORMATION (If applicable)</b>					
Parent/Guardian 1 Legal Name:				Home Phone:	
Work Phone:		Cell Phone:		Email:	
Home address:					
City:		State:		ZIP Code:	
Parent/Guardian 2 Legal Name:				Home Phone:	
Work Phone:		Cell Phone:		Email:	
Home address:					
City:		State:		ZIP Code:	
<b>SCHOOL/PROGRAM (If Out-of-District and not on list above)</b>					
School/Program:				Phone:	
Address:					
City:		State:		ZIP Code:	
Start Date:			Start/End Times:		
Student is transported which days? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					
Pickup Address To School:					
City:		State:		ZIP Code:	
Drop Off Address From School:					
City:		State:		ZIP Code:	

Student's Legal Name:	
<b>EMERGENCY CONTACTS</b>	
List one local contact with whom the student may be released in the case of illness or emergency if unable to notify parent:	
Name:	Relationship:
Cell Phone:	Other Phone:
<b>SUPPLEMENTAL TRANSPORTATION INFORMATION</b>	
This form is to be used to share any information about special needs students that would be helpful/essential to the transporter. The information is considered confidential and cannot be shared with any individual not involved in educating or transporting the student.	
IEP Manager or Program Contact:	
Student is transported which days? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Disability:	
Mode of Communication:	
Doctor's Name:	Doctor's Phone:
Wheelchair Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Power <input type="checkbox"/> Manual	
Wheelchair Special Instructions: <input type="checkbox"/> Travels with Student <input type="checkbox"/> Remains at Home <input type="checkbox"/> Remains at School <input type="checkbox"/> Other _____	
Other Mobility and/or Assistive Device Used:	
Please indicate below any restrictions, requirements or accommodations.(If not checked, defaults to Eye to Eye.)	
Bus w/Lift <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye to Eye (Adult must be visible) <input type="checkbox"/> Yes <input type="checkbox"/> No
Hand to Hand <input type="checkbox"/> Yes <input type="checkbox"/> No (Adult will meet child at bus)	Independent Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No (Allowed to enter house alone)
<b>ADDITIONAL INFORMATION</b>	
Please place directly from IEP the specific adaptation statement requiring specialized transportation: (include date of IEP)	
List any medical and/or physical conditions that the driver/monitor should be aware of:	
Will the student require any assistance from the driver/monitor for the above listed conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", what assistance will be needed? Will specific training be needed and, if so, who will provide the training?	
List any other behavioral and/or emotional characteristics the driver/monitor should be aware of, including any special instructions for interacting with the student:	
<b>SIGNATURES</b>	
<input type="checkbox"/> Parent has been contacted to confirm phone number and address information. This is the IEP manager's responsibility.	
_____	_____
Case Manager Signature	Date
_____	_____
Parent/Guardian Signature (If available)	Date
_____	_____
Administrator	Date
<b>Copies to:</b>	<input type="checkbox"/> Transportation Service <input type="checkbox"/> School Office <input type="checkbox"/> Parent <input type="checkbox"/> Student's File