



# SPECIAL NEEDS STUDENT TRANSPORTATION PLAN

**Somerset School District  
Safe-Way Bus Company**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Name: \_\_\_\_\_ Work# \_\_\_\_\_ / Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Work# \_\_\_\_\_ / Cell# \_\_\_\_\_

AM Pick-up Location: \_\_\_\_\_ City: \_\_\_\_\_

PM Drop-off Location: \_\_\_\_\_ City: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Bus#: \_\_\_\_\_

★ *If there are any changes in the student's health, medical or behavior status that may warrant evaluation, please contact Shannon Donnelly, Director of Pupil Services at 715-247-4848, ext. 575. Any approved changes will be documented on a new form and forwarded to the Transportation Coordinator and Safe-Way Bus Company for implementation.*

\_\_\_\_\_ Medications: Please fill out the accompanying Transportation/Medical Request



*Please return this form to your case manager or email to lharstad@somerset.k12.wi.us in the Pupil Services Department*

### ***Pupil Services Use Only***

#### **Special Needs or Conditions:**

\_\_\_\_\_ Aide Required

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Car Seat

\_\_\_\_\_ Non-verbal

\_\_\_\_\_ Seizures:

\_\_\_\_\_ Wheelchair: Recommended Position: \_\_\_\_\_

\_\_\_\_\_ Harness

\_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Other considerations (describe): \_\_\_\_\_

**Special Transport Approval Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

Pupil Services Director

### ***Safe-Way Use Only***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Email from: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Initials: \_\_\_\_\_ (Indicating driver understands all information)



**SCHOOL DISTRICT of SOMERSET**

**Transportation/Medical Request**

The Somerset School District would like to share medical information regarding your child(ren) with Safe-Way Bus Co. to ensure that their drivers are aware of any medical issues that could arise while transporting your child(ren). Medical conditions may include allergic reactions, asthma, seizure disorders or diabetes. Please indicate your preference below:

\_\_\_\_\_ Yes, please share medical information listed below with Safe-Way Bus Co.

\_\_\_\_\_ No, I request that Somerset School District not share medical information with Safe-Way Bus Co.

Medical information that you would like to be shared with Safe-Way Bus Co.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child wears a Medic Alert ID:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\*Safe-Way Bus Co. employees are not medical practitioners. Safe-Way Bus Co. will contact 911 if your child has a medical emergency on the bus.

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Please list your child(ren) below:

Student (print) \_\_\_\_\_ Grade \_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_

For questions, please contact Michelle Mahler at the Somerset School District, (715)247-4848, Ext. 507 or Vicky Java at Safe-Way Bus Co., (715)247-2090.