



# Physician Documentation of Need for Special Transportation

(School Personnel: Attach this form to Student Services Transportation Request)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

**Special Transportation is required due to the following temporary debilitating medical reason/s:**

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**Transportation specifications:**

If the student should not be expected to ride his/her regular school bus with other student's, please detail safety concerns relating to the student's injury, or special transportation accommodations, that should be considered in determining transportation needs:

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Please detail, if any, concerns regarding the student being picked up or dropped off at their regularly designated school bus stop:

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**Special Transportation Start Date:** \_\_\_\_\_ **Projected End Date:** \_\_\_\_\_

**Physician Name (Please print):** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Office/Clinic Address/City/Zip:** \_\_\_\_\_

**Office/Clinic Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Return form to:

Student Services/Mary Moody  
ISD #194 Lakeville Area Public Schools  
8670 210<sup>th</sup> Street West  
Lakeville MN 55044  
(c)952-232-2025 (fax) 952-469-6054  
[mary.moody@isd194.org](mailto:mary.moody@isd194.org)

7/10/14 mmm