

# Special Education REQUEST FOR TRANSPORTATION CHANGE

Kenosha Unified School District  
Department of Special Education & Student Support  
3600 52<sup>nd</sup> Street, Kenosha, WI 53144-2697  
PH: 262-359-5950 Fax: 262-359-6051



Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Grade: \_\_\_\_\_ - If student is in **PRE-K**  A.M.  P.M.

## Please change my student's school bus transportation as follow:

Requested Begin Date: \_\_\_\_\_ (please allow 3-4 business days from today's date)

**BEFORE** School Information:  **NONE – I will provide transportation**

**YES – I want my student to ride the Special Education bus**

Pick-up Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address (If NEW home address – must bring proof of residency to current school)

Child Care Provider - Site Name or Relationship \_\_\_\_\_

**AFTER** School Information:  **NONE – I will provide transportation**

**YES – I want my student to ride the Special Education bus**

Drop off Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address (If NEW home address – must bring proof of residency to current school)

Child Care Provider - Site Name or Relationship \_\_\_\_\_

A student that is eligible for Special Education transportation may be picked up and/or dropped off at a point other than the home residence as long as that pick-up or drop-off point is the same every day of the week, with-in the Kenosha city limits, and is a residence only no businesses. First Student may require up to four working days to implement the change. This form is available at your child's school, the district office at the above address, and online at [www.kusd.edu](http://www.kusd.edu). This signed form must be returned to the Special Education office at the ESC for processing (please be prepared to show a picture ID).

Parent/Guardian Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ PH: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_