Susie	Sample

P A	lexandria Public School 410 South McKay Ave S O Box 308 lexandria MN 56308-630 el 320-762-2141	uite 201	Emergency I	He alth/Transporta	ation Information	
Student: Sus	ie Sample	ID:	<u>1234567891011</u>	Date:	07/01/2020	
School: Nor	n-Public/Shared Time	Grade:	01	DOB:	08/04/1997	
Student goes by (nickname):	_	Age: <u>22</u>	Gender: F		
Primary Disabilit	y: <u>DCD: Mild-moderate</u>			Secondary Disability:	<u>Specific learning</u> <u>disabilities</u>	
Tertiary Disabilit	y:					
Student's Home A	Address: <u>12345 Sample Dr</u>	<u>SW,Alexandria, MN 56308</u>				
Serving School: Non-Public/Shared Time			Serving School ID: <u>Non-Public</u>			
Resident District: 0206: ALEXANDRIA PUBLIC SCHOOL DISTRICT		Resident District ID: 0206				
Parent/Guardia						
Name(s): Mrs.		Home phone: <u>320-762-1234</u>	Work phone: 320.	-762-5678	Cell phone:	
	ample@yahoo.com					
Name(s): Mr. Sa	-	Home phone: <u>320-762-1234</u>	Work phone: 320-	-762-4321	Cell phone:	
Email: samsample						
Primary home La	nguage: English					
Physician Name Transportation p	tact:	Relationship:			one: <u>132076221414296</u> none:	
School year only: Transportation Start Date: 09/08/2020		Transportation Stop Date: 06/05/2020				
	Start Time	e: 7:55 AM	End Time	2:20 PM		
To School:	2	day 🗌 Tuesday 🗌 Wednesday [🗆 Thursday 🗆 Frida		_	
From School: Pick-up Address: Moodland, 1410 S. McKay Ave Drop off Address: Day Care or Home Address Days of the week: Monday Tuesday Wednesday Thursday Friday						
Diagnosis(s), C Cognitive In	ondition(s), Disabilities: mpairment					
Behavior/Vuln Child has vi above.	•	ty concerns related to th	he medical diagr	nosis(s)/conditio	on(s) listed	
Student's Com Fluent Engli	munication Method: ish					
Allergies, Medications, Urgent Medical Needs:						
Special Equipm	nent / Accommodations:					

No Special Equipment Required

Phone: <u>320-762-2141</u>

Student Handling Instructions:

Adult supervision at pick up and drop off

In an emergency:

the student would be able to leave the bus without physical assistance

Staff person completing form: <u>Sara Richards</u>

Copies to 🗌 Bus Company, 🗋 Principal, 🗋 District Office, 🗋 Parent, 🗋 MARSS Person, 🗋 SpEd Director

*This document may contain protected health information. Please keep this information confidential.