

**Tri-Board Student Transportation Services Inc.
Special Education Request For Student Transportation**

DATE _____

NEW REVISED

Originator: _____				
<i>Name</i>	<i>Title</i>	<i>Program Name</i>		
_____	_____	_____		
<i>Program Teacher</i>	<i>Tel #</i>	<i>Rm Ext</i>	<i>Fax #</i>	<i>Location of Program</i>
_____	_____	_____	_____	_____

Student:	<i>Surname</i>	<i>Given Names</i>	<i>(D O B)</i>	<i>D / M / Y</i>	<i>Grade</i>
	_____	_____	_____	_____	_____
Parent/Guardian:	<i>Name</i>	<i>Home Address</i>			<i>Telephone #</i>
	_____	_____			_____
Caregiver:	<i>Caregiver/Alternate Address</i>			<i>Telephone #</i>	<i>Telephone #</i>
	_____			_____	_____
Emergency Contact	<i>Name</i>				<i>Telephone #</i>
	_____				_____

Current School _____ Program _____ AM PM FULL DAY

New School _____ Program _____ AM PM FULL DAY

Picked up from: _____ Taken to: _____ Start Time: _____

Returned from: _____ Taken to: _____ Finish Time: _____

Trip Frequency: _____ Start Date: _____ Cancellation Date: _____

Transportation Requirements:
 Monitor Required - Yes No Wheel Chair - Yes No Met At Bus - Yes No Met At School - Yes No

Medical/Behaviour Information: (Please indicate any medical/behaviour issues that the bus driver should be aware of e.g. seizures, allergies, aggressive behaviour, etc.) Students with medical issues should have a completed Release of Emergency Medical Information form on file at the school and at the Tri-Board office. (<http://www.triboard.on.ca/pdf/medreleaseinfo.pdf>)

Please forward to your applicable Board for approval. (please complete) IPRC: YES NO

<i>Student Services A&LCDSB</i>	<i>Special Education H&PEDSB</i>	<i>Educational Services LDSB</i>
<small>Tel: 354-6257 (434, 470) Fax : 354-9850</small>	<small>Tel: 966-1170 (2114, 2130, 2131) Fax: 966-9322</small>	<small>Tel: 542-9871 (140, 145) Fax: 542-1727</small>

Information on this application form will be used to provide school bus transportation service for eligible students and may be disclosed to authorized personnel.