

Special Circumstance Transportation Request

Note: Students must be registered at a school before transportation can be arranged. Requests must be submitted in writing.

Date: _____

STUDENT					/ /					
	Last Name			First Name			DOB (dd/mm/yy)		School/ Program	
ADDRESS										
	Apt #	House #	Street Name			City/Town			Postal Code	
PARENT/GUARDIAN										
	Last Name			Given Name(s)			Home Telephone			
	Email			Work Telephone			Mobile		Other Contact	
EMERGENCY CONTACT										
	Name			Contact #		Email		Relation to Student		

REASON FOR SPECIAL TRANSPORTATION REQUEST

Medical Reason		<p>*DOCTOR'S NOTE REQUIRED *ASTHMA TRANSPORTATION NOV 1-MAR 31</p> <p>*MUST PROVIDE DETAILS</p>	<p>Supporting Details/Description:</p> <p>Start Date: _____ Cancellation Date: _____</p>
CAS/Interval House			
Administrative Transfer			
Outside School Attendance Area			
Outside School Board District			
Within Designated Walk Area			
Other			

Principal Signature in Support of Request	School Name	Principal Contact

Special Circumstance transportation is not guaranteed and if approved, will have the following conditions:

- At any time that space is required for transportation of an eligible student, Tri-Board will notify the parent/guardian at least **48 hrs in advance** that they will need to make alternative transportation arrangements.
- Approval is only for the current school year. **Parents/Guardians must re-apply annually** for special circumstance transportation.
- Busing will be automatically cancelled at the end of June for the current school year unless otherwise stated.

I have read and agree to the listed conditions

Parent/Guardian Signature