

SPECIAL CIRCUMSTANCE TRANSPORTATION REQUEST

Use this form for temporary transportation required for over one week. Extenuating circumstances must relate to the student directly. Students must be enrolled at the school.

There must be space on an existing bus route to accommodate any request.

Student Information: Last Name First Name Age DOB (mm/dd/yyyy) Home Phone Parent Cell

School Information: School to Attend (Location of Program) Current School Grade

Program Information: Regular Program French Immersion Elective Program: _____

Address: House # Street Name Town Postal Code Phone

Emergency Contact Relationship to Student Primary Contact Number Secondary Contact Number Email

REASON FOR REQUEST

- Student Medical Condition **Doctor's note must be submitted identifying medical condition of student requiring transportation**
- CAS/Interval House
- Administrative Transfer
- Enrolled in an Elective Learning Program and Reside Outside School's Attendance Boundary
- Other: _____

Supporting Details/Explanation:

Start Date: _____ **End Date:** _____

This form must be submitted every school year as long as the condition(s) exist.

Parent/Guardian Signature*

Principal Signature

Date

***By signing this form, you agree to the following conditions:**

At any time that space is required for transportation of an eligible student, you will be notified at least 48 hours in advance that transportation is cancelled and will need to make alternative transportation arrangements.