

SPECIAL EDUCATION TRANSPORTATION APPLICATION

This form must be submitted by the school board's Student/Educational Services to Tri-Board

LDSB: t 542.9871 (140,145) f 542.1727

ALCDSB: t 354.6257 (434,470) f 354.9850

HPEDSB: t 966.1170 (2114,2130,2131) f 966.9322

For Student New to School
 Revised for Existing Student
 Transportation Start Date: _____

Request Originator:

Name	Title	Program Name	Location of Program
Program Teacher	Phone	Room ext.	Fax/Email

Student Information:

Last Name	First Name	Age	DOB (mm/dd/yyyy)	Grade
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Primary Address:

House Number	Street Name	Town	Postal Code	Phone
Parent/Guardian Name	Relationship to Student	Primary Phone	Secondary Phone	Email

Secondary Address:

House Number	Street Name	Town	Postal Code	Phone
Parent/Guardian Name	Relationship to Student	Primary Phone	Secondary Phone	Email

Current School: _____ AM PM Full Day

New School: _____ AM PM Full Day

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

Returned from: _____ Taken to: _____ End Time: _____

Trip Frequency	Start Date	Cancellation Date
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Transportation Requirements:

Yes <input type="checkbox"/> No <input type="checkbox"/> Monitor Needed	Yes <input type="checkbox"/> No <input type="checkbox"/> Wheel Chair	Yes <input type="checkbox"/> No <input type="checkbox"/> Met at Bus	Yes <input type="checkbox"/> No <input type="checkbox"/> Met at School
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Indicate any medical/ behavioural issues the driver should be aware of (seizures, aggression, etc.). Students with medical issues should have a completed Tri-Board Medical Release of Information form on file and at the school. If applicable, submit Medical Release with Plan of Care:

IPRC: Yes No

Signature of School Board Approval

Date

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