

# SPECIAL EDUCATION TRANSPORTATION APPLICATION

This form must be completed by the school board's Student/Educational Services.

New Student to School       Revised for Existing Student      Date Transportation is to Start: \_\_\_\_\_

**REQUEST ORIGINATOR**

|                 |       |              |                     |
|-----------------|-------|--------------|---------------------|
| Name            | Title | Program Name | Location of Program |
| Program Teacher | Phone | Extension    | Fax/ Email          |

**STUDENT INFORMATION**

|           |            |     |                  |       |
|-----------|------------|-----|------------------|-------|
| Last Name | First Name | Age | DOB (mm/dd/yyyy) | Grade |
|-----------|------------|-----|------------------|-------|

**PRIMARY ADDRESS**

|                      |                         |       |             |            |
|----------------------|-------------------------|-------|-------------|------------|
| House #              | Street Name             | Town  | Postal Code | Home Phone |
| Parent/Guardian Name | Relationship to Student | Phone | email       |            |

**SECONDARY ADDRESS**

|                      |                         |       |             |            |
|----------------------|-------------------------|-------|-------------|------------|
| House #              | Street Name             | Town  | Postal Code | Home Phone |
| Parent/Guardian Name | Relationship to Student | Phone | email       |            |

**CURRENT SCHOOL**

|             |              |                                   |                             |                             |
|-------------|--------------|-----------------------------------|-----------------------------|-----------------------------|
| School Name | Program Name | <input type="checkbox"/> Full Day | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
|-------------|--------------|-----------------------------------|-----------------------------|-----------------------------|

**NEW SCHOOL**

|             |              |                                   |                             |                             |
|-------------|--------------|-----------------------------------|-----------------------------|-----------------------------|
| School Name | Program Name | <input type="checkbox"/> Full Day | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
|-------------|--------------|-----------------------------------|-----------------------------|-----------------------------|

**TRANSPORTATION REQUIREMENTS**

Picked Up from: \_\_\_\_\_ Taken to: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 Returned from: \_\_\_\_\_ Taken to: \_\_\_\_\_ End Time: \_\_\_\_\_

|                |            |          |
|----------------|------------|----------|
| Trip Frequency | Start Date | End Date |
|----------------|------------|----------|

**Check all that apply:**

Monitor Needed       Wheelchair       Met at Bus       Met at School

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:

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\_\_\_\_\_  
Signature of School Board Approval

\_\_\_\_\_  
Date

IPRC:  Yes       No

**Information on this application form will be used to provide school bus transportation services and may disclosed to authorized personnel.**