

Special Education Transportation Application



This form must be approved by the school board's Student/Educational Services Department

New Student to School

Revised Application for Existing Student

Start Date: _____

Request Originator:

_____	_____	_____	_____
Name	Title	Program Name	Location of Program
_____	_____	_____	_____
Program Teacher	Phone	Extension	Email

Student Information:

_____	_____	_____	_____	_____
Last Name	First Name	Age	DOB (MM/DD/YYYY)	Grade

Primary Address:

_____	_____	_____	_____	_____
House No.	Street Name	Town	Postal Code	Home Phone
_____	_____	_____	_____	_____
Guardian Name	Relationship to Student	Phone	Email address	

Secondary Address:

_____	_____	_____	_____	_____
House No.	Street Name	Town	Postal Code	Home Phone
_____	_____	_____	_____	_____
Guardian Name	Relationship to Student	Phone	Email address	

School Information:

_____	_____	_____	_____	_____	_____
Current School	Program Name	Full Day	AM	PM	
_____	_____	_____	_____	_____	_____
New School	Program Name	Full Day	AM	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: Adult Monitor Wheelchair Met at Bus Met at School

Indicate any medical/ behavioural issues the driver should be aware of (seizures, aggression, etc.,). If applicable, provide the Plan of Care:

Signature of Student/Educational Services Approval Date **IPRC:** Yes No

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