

EXTENUATING CIRCUMSTANCES (TEMPORARY) TRANSPORTATION REQUEST

STUDENT INFORMATION

_____ Last Name _____ First Name _____ Age _____ DOB (mm/dd/yyyy) _____ Home Phone _____ Guardian Cell

SCHOOL INFORMATION

_____ School to Attend (Program Location) _____ Grade

ADDRESS

Check this box if you are requesting transportation from the address below in addition to what is currently on file. This form will override existing transportation if this box is not checked off.

_____ House # _____ Street Name _____ Town _____ Postal Code _____ Phone

_____ Guardian Name _____ Relationship to Student _____ Primary Contact Number _____ Secondary Contact Number _____ Email

Full Day AM Only PM Only

REASON FOR REQUEST

- Student Medical Condition Doctor's note must be submitted identifying medical condition of student and need for transportation
- CAS/Interval House
- Administrative Transfer
- House Fire
- Other: _____

Supporting Details/ Explanation:

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

Circumstances will be reviewed prior to the end date, and transportation will either be eliminated or extended. A new application may be required.

_____ Parent/Guardian Signature* _____ Principal Signature _____ Date

*By signing this form, you agree to the conditions of transportation as identified in the Temporary Transportation for Students in Extenuating Circumstances Procedure, a copy of which is available on triboard.ca.