



Specialized Transportation Application (Form 7.4A) - 2010 -2011 School Year

Specialized Transportation will be provided for students:

- Who have been identified by the School Board and placed in a congregated classroom;
- Who have been identified by the School Board as having a permanent physical, mental or emotional disability that safely prevents them from getting to and from their Board designated school;
- STS will schedule transportation based on the student's needs, seat availability and vehicle feasibility;
- Special transportation must be applied for annually;
- Under normal conditions it can take up to five working days to arrange transportation;
- Applications that do not meet STS policies and procedures and incomplete applications will be returned to the School Board

Student Information (To Be Completed by Parent/Guardian):

School to Be Attended:			School Year: 10/11 YY/YY		
Surname:		Given Name:		D.O.B / / DD/MM/YYYY	
Home Address: <small>Street Address (911# and Road Name if applicable)</small>		Unit No	City		Postal Code
Parent/Guardian Name:			Phone Number		Alternate Phone Number
Emergency Contact: <small>Name</small>		Street Address (911# and Road Name if applicable)			Phone Number
AM Pickup Location: <small>(if different than home address)</small>			PM Drop off Location: <small>(if different than home address)</small>		
Safety Seat Information: Student's Age <input type="checkbox"/> Under 8 <input type="checkbox"/> 8 or Over		Student's Weight <input type="checkbox"/> 20 - 40 lbs <input type="checkbox"/> 40 - 80 lbs <input type="checkbox"/> Over 80 lbs		Student's Height <input type="checkbox"/> Under 145 cm (4ft 9 in) <input type="checkbox"/> Over 145 cm (4 ft 9 in)	
Vehicle Requirements: <input type="checkbox"/> Can walk on the vehicle <input type="checkbox"/> Lift Equipped Vehicle <input type="checkbox"/> Wheelchair Accessible					
Student Information: (Please check all that apply)					
<input type="checkbox"/> Rides with a Nurse (not provided by STS) <input type="checkbox"/> Seizures <input type="checkbox"/> EpiPen <input type="checkbox"/> Walking Aid <input type="checkbox"/> Aggressive Behaviour					
<input type="checkbox"/> Service Dog <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Runner <input type="checkbox"/> Easily Distracted <input type="checkbox"/> Non Verbal					
<input type="checkbox"/> Other (please specify)					
Notice of Collection Statement Special Needs/Medical					
I _____ acknowledge that STS services will be provided on <small>(Parent/Guardian Signature)</small>					
the terms described herein. I agree to inform STS as soon as any of the information on this form changes. I consent to the sharing of this information between STS, the school board and the service provider for the purpose of student transportation arrangements. Where necessary, I hereby permit STS to access any personal/medical information held by STS and/or the School Board and to share this information with the School Board and the service provider for the purpose of safely transporting students.					

For School or Board Use Only:

Note: If the student requires additional services please complete the Additional Services for Specialized Transportation Application and submit it with this application.

Student is in Congregated Class <input type="checkbox"/>	Student is attending their Board designated school, in a regular program and requires Transportation due to a permanent mental, physical, medical or emotional disability. <input type="checkbox"/>
<input type="checkbox"/> By Checking this Box, I _____ confirm that the information above is <small>(Principal Signature / Board Designate)</small> accurate and true and that the student has a legitimate need for Special Transportation.	
Board Designate: Please scan and email to spectrans@mybigyellowbus.ca for eligible students only. An original copy must be forwarded to STS in the mail. Please keep a copy for your files. Incomplete and denied applications will be returned to the School Board.	

For Student Transportation Services Use Only:

Operator Assigned: _____	Commence Date: _____
Declined: <input type="checkbox"/> Reason: <input type="checkbox"/> Incomplete <input type="checkbox"/> Does not meet STS policies and procedures	