

Appendix A

**Department of Education
Application for Alternate Transportation**

To be completed by the school as part of the Support Services Planning Process and forwarded with all applicable Appendices (minimum: A, B, and C) to the Program Specialist – Student Support Services at the school district

Student's Name: _____ Date of Birth: _____

Grade: _____ MCP # _____

Parent(s)/Guardian(s) Names: _____

Residential Street Address: _____ Phone #: _____

Community of School: _____ Name of School: _____

Is student attending his/her zoned school Yes No

If no, explain:

Distance between addresses above: _____

Will a student assistant accompany this student while in transit? Yes No

Would the provision of student assistant support enable this student to access regular modes of transportation? Yes No

Will the pick-up or drop-off points ever vary from the addresses given above? **NOTE:** If these arrangements do not create any financial or time changes to the existing transportation routes, efforts will be made to accommodate the request. Yes No

If yes, explain: _____

Appendix A (cont'd)

1. Exceptionality: _____

2. Adaptive equipment required to accompany the student:

Daily _____

Weekly _____

3. Method of transportation and **TENDER** recommendations (e.g., seating, straps, lifts, position, storage requirements for the individual's adaptive equipment).

4. Explain rationale for requesting special transportation. (If rationale is behavioural, please give specifics.)

5. With guidance/education and/or necessary personal equipment, could this student walk to or ride a regular bus to school? Yes No

Explain:

6. Number of trips per day _____

TRIP refers to one way only (e.g., home to school = 1 trip; school to home/alternate drop-off = 1 trip)

7. If the number of trips exceeds two (2) per day, explain reason. _____

Note: Additional trips will only be granted in exceptional circumstances (e.g., medically fragile students)

8. If this student's time for arrival and/or departure varies from the remainder of the school, provide rationale: (alternate transportation is provided on the assumption that a student attends for a regular school day as his/her age peers).

Appendix A (cont'd)

9. Presently, are there any buses or private vehicles, which meet the standards recommended, which pass this student's place of residence? Yes No

If **no**, could the vehicle be adapted to meet the student's needs? Yes No
(Please explain below.)

If **yes**, is there room on the bus/taxi to transport the student? Yes No

If you have answered **yes** to any of the three statements, please comment below:

10. Support Services Planning Team Members:

_____	_____
	Signature
_____	_____
	Signature
_____	_____
	Signature

Principal's Name (Please Print)

Signature of Principal

Date