



TSTG STUDENT TRANSPORTATION APPLICATION

School Year: 20 / 20

<input type="checkbox"/> TCDSB	<input type="checkbox"/> New	<input type="checkbox"/> Cancellation	<input type="checkbox"/> School Bus	<input type="checkbox"/> Regular	<input type="checkbox"/> Gifted	<input type="checkbox"/> ECP	<input type="checkbox"/> DD
<input type="checkbox"/> TDSB	<input type="checkbox"/> Change		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> TTC	<input type="checkbox"/> FIM	<input type="checkbox"/> MAC	<input type="checkbox"/> Spec. ED.
							PR540 TRSF

SECTION #1 - STUDENT INFORMATION

Student Surname:	First Name:	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: mm/dd/yyyy
Home Address:	Apt/Unit #	Postal Code	City:	E-mail Address:
#1 Parent/Guardian Name:	1 st Contact #	Alternate #		
#2 Parent/Guardian Name:	2 nd Contact #	Alternate #		
Emergency Contact:	Contact #	Alternate #		
(Emergency contact should be someone other than parent) Relationship to student: _____				

PICK UP: (Indicate address below) Alternate / Day Care Bus Stop Location Home

Frequency: _____
School/Common Stop pick-up only for French Immersion, Gifted and Regular Ed. students

M T W U F

Day Care Name: _____ Contact Name: _____ Contact # _____

Planning Use Only: Stop ID _____ Run ID _____ Route ID _____

DROP OFF: (Indicate address below) Alternate / Day Care Bus Stop Location Home

Frequency: _____
School/Common Stop drop-off only for French Immersion, Gifted and Regular Ed. students

M T W U F

Day Care Name: _____ Contact Name: _____ Contact # _____

Planning Use Only: Stop ID _____ Run ID _____ Route ID _____

SECTION #2 - SCHOOL INFORMATION – Please complete this section and fax to Transportation Office: (Please Type or Print) TCDSB (416) 512-3444 or TDSB (416) 394-3806

Destination School Name:	School Address:	Phone Number:
School Code:	Program:	Program Code:
Grade:	Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy

Trillium & OEN # MUST BE PROVIDED or forms will NOT be processed:

Trillium : _____ OEN: _____

Buses are routed to class start time (Not Entry Bell Time)

Ride-Alone (*hours 9:45 – 2:30 approx.*)

Class Start Time: _____ Class Dismissal Time: _____
 Ride-Alone Start Time: **9:45** Ride-Alone Dismissal Time: **2:30**

*Buses may drop-off between 5-30 minutes prior to that time (15 minutes prior to noon start time)

Sibling Name(s) (If applicable): _____ Sibling School: _____

Transportation required outside the Policy:
What cognitive/social grade level does he/she function? _____

Principal or Designate _____ Sending School _____

TRANSPORTATION DEPT. USE ONLY: Distance: _____ Home School: _____ EFI: _____

Big Bus School Bus Van Mini Van Wheelchair Bus TTC Taxi Carrier: _____

AREA: A1 A2 A3 TC

Transportation Supervisor Signature: _____ Date: _____

APPROVED
 DENIED: (Distance / Optional Attendance / Other: _____)

<input type="checkbox"/> Planning
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Faxed

MEDICAL AND ADDITIONAL INFORMATION

Student Surname:	First Name:	School:
Communication: <input type="checkbox"/> Is completely verbal <input type="checkbox"/> Is partially verbal <input type="checkbox"/> Is non-verbal <input type="checkbox"/> Carries an ID card		
Does the student have any history of allergy and/or drug-medicine reaction? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Inhaler/Puffer <input type="checkbox"/> Triggers (example penicillin) Other: _____		
Does the student have any form of: Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Deafness/ Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Behavioural Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Shunt <input type="checkbox"/> Yes <input type="checkbox"/> No Blind/Vision Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy/Seizure <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Please explain:		
Mobility: <input type="checkbox"/> can student navigate steps (Boarding/De-boarding concerns) <input type="checkbox"/> crutches <input type="checkbox"/> flight risk/runner <input type="checkbox"/> does student pose a risk of injury to self or others <input type="checkbox"/> oxygen <input type="checkbox"/> requires Aide/Nurse <input type="checkbox"/> walker (Type: <input type="checkbox"/> collapsible <input type="checkbox"/> non-collapsible) Does the student travel to and from school in a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type of wheelchair? <input type="checkbox"/> Adaptive Stroller <input type="checkbox"/> High-back <input type="checkbox"/> Reclining <input type="checkbox"/> Manual <input type="checkbox"/> Motorized		
AODA – Safety Plan 		
In case of emergency, permission is hereby given to the Toronto Catholic District and Toronto District School Board to release the above information to a medical practitioner. The pupil is to be taken to the nearest hospital for examination and, if necessary, x-rays. In addition, this information will be shared with the transportation carrier. Personal information contained on this form or general information collected on behalf of the Toronto District School Board regarding the student is collected under the authority of the <i>Education Act</i> and in compliance with sections 14, 31 and 32 of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> and will be used for education, transportation and health and safety purposes.		
SPECIAL TRANSPORTATION REQUIREMENTS		
<input type="checkbox"/> Booster seat (mini-van use only) <input type="checkbox"/> Car seat <input type="checkbox"/> C – Clips <input type="checkbox"/> Must be met <input type="checkbox"/> O – Rings <input type="checkbox"/> Safety Vest/Harness <input type="checkbox"/> Seatbelt cover lock Other: _____		
Booster Seats: Mandatory by law if student is riding in a minivan or taxi. If student is between 40 and 80 lbs., under 145 cm tall and up to 8 years of age, a booster seat is required.		
Car Seats: Not mandatory but may be used on 18 passenger buses for daily home to school transportation. Car Seats must be used for students who require them because of their medical condition. If student is under 40 lbs./18.2 kg., please indicate weight _____.		
Medical Eligibility: If transportation is requested due to a health concern, the “ Medical Form to Determine Eligibility ” must be completed by a medical practitioner and returned along with the Student Transportation Application. (The Medical form can be downloaded from the Transportation website).		
Safety Vest/Harness: If the student requires a harness/safety vest, “ Safety Vest/Harness Request Form ” must be completed and prescribed by a medical practitioner. (The Safety Vest/Harness Request form can be downloaded from the Transportation website).		
<i>Parent/Guardian must provide the car or booster seat and must leave them on the vehicle for the school year.</i>		
I have received a copy of the Special Needs booklet and am aware of my responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Signature: _____ Date: _____		
USE THIS SPACE FOR ANY OTHER INFORMATION YOU FEEL IS PERTINENT TO YOUR CHILD’S TRANSPORTATION: 		