TSTG STUDENT TRANSPORTATION APPLICATION

School Year: 20 / 20

☐ TCDSB ☐ TDSB	☐ New ☐ Cancellation ☐ Change	☐ School Bus ☐ Wheelchair ☐ TTC	☐ FNMI (First Nations, Métis, and Inuit) ☐ Other ☐ Spec. Ed. ☐ MAG ☐ Regular

SECTION #1 - STUDENT INFORMATION

Student Surname:	First Name:	Initial	☐ Male ☐ Female ☐ Other	Date of Birth: mm/dd/yyyy

Home Address:	Apt/Unit #	Postal Code	City:	E-mail Address:

#1 Parent/Guardian Name:	1st Contact #	Alternate #
#2 Parent/Guardian Name:	2nd Contact #	Alternate #
Emergency Contact: (Emergency contact should be someone other than parent)	Contact # Relationship to student:	Alternate #

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 e-mail to Transportation Office:

(Please Type or Print) **TCDSB** transportation@tcdsb.org or **TDSB** studenttransportationapplications@tdsb.on.ca

Destination School Name:	School Address:	Phone Number:

School Code:	Program:	Program Code:	Grade:	Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy

SIS or OEN # MUST BE PROVIDED or forms will NOT be processed: **SIS**: **OEN**:

Buses are routed to class start time (Not Entry Bell Time) Class Start Time: Class Dismissal Time:

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

☐ Planning

☐ Data Entry

☐ Faxed

MEDICAL AND ADDITIONAL INFORMATION

Student Surname: First Name: School:

Communication: ☐ Is completely verbal ☐ Is partially verbal ☐ Is non-verbal ☐ Carries an ID card

Does the student have any history of allergy and/or drug-medicine reaction? If yes, explain. ☐ Yes ☐ No
☐ Anaphylaxis ☐ Epi-Pen ☐ Inhaler/Puffer ☐ Triggers (example penicillin) Other:_____

Does the student have any form of:

Asthma	☐ Yes ☐ No	Deafness/ Hard of Hearing	☐ Yes ☐ No	Heart Disease	☐ Yes ☐ No
Behavioural Problems	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No	Shunt	☐ Yes ☐ No
Blind/Vision Impairment	☐ Yes ☐ No	Epilepsy/Seizure	☐ Yes ☐ No		

Other: Please explain:

Mobility: ☐ can student navigate steps (Boarding/De-boarding concerns) ☐ crutches ☐ flight risk/runner
☐ does student pose a risk of injury to self or others ☐ oxygen ☐ requires Aide/Nurse
☐ walker (Type: ☐ collapsible ☐ non-collapsible)

Does the student travel to and from school in a wheelchair? ☐ Yes ☐ No

If so, what type of wheelchair? ☐ Adaptive Stroller ☐ High-back ☐ Reclining ☐ Manual ☐ 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 and Catholic School Boards regarding the student is collected under the authority of the *Education Act* and in compliance with sections 14, 31 and 32 of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for education, transportation and health and safety purposes.

SPECIAL TRANSPORTATION REQUIREMENTS

☐ Booster seat (mini-van use only) ☐ Car seat ☐ C – Clips ☐ Must be met ☐ O – Rings ☐ Safety Vest/Harness
☐ 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).

Parent/Guardian must provide the car or booster seat and must leave them on the vehicle for the school year.

I have received a copy of the Special Needs booklet and am aware of my responsibilities. ☐ Yes ☐ No

Parent/Guardian Signature: _____ **Date**: _____

USE THIS SPACE FOR ANY OTHER INFORMATION YOU FEEL IS PERTINENT TO YOUR CHILD'S TRANSPORTATION: