

STUDENT BUSSING REGISTRATION FORM (Special Needs) - 2019-2020

Transportation services are provided to students as defined in Policy 5400 – Transportation of Students with Special Needs. For 2019/20 there are no transportation fees for eligible riders.

Please complete this form and email **by June 15, 2019** to the attention of *Transportation Manager* at transportation@sd42.ca or deliver to District Education Office, 22225 Brown Ave., Maple Ridge

Student Name:	So	chool:		_ Grade:
Parent/Guardian			Email:	
Last N	lame	First Name		
Address:Street Address				
Home Phone:		Unit # Cellular Phone:	•	Postal Code
Physician:	Any allergies: _		Care Card #	
Require transportation: To so	chool only Return	n home only	Both ways	
Wheelchair Walk	xer Needs assista	nce on/off bus	_	
Communication Concern: spe Give details:	eaking understandi	ng vision _	hearing	_
Please advise if your child no Please advise if your child no				
Please note any medical, phy		•		or well being of your child o
any other passenger. Please	•		ilepsy, etc.	
<u>Condition</u>	<u>Likely reactio</u>	<u>n</u>	Care required	
Medication: Yes No	What medications?			



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	pany or other affecte		nformation provided herein may be sha	ared
l,service.	,	understand that failure to disclose r	risk issues may result in discontinuation	ı of
Submitted by:	First Name	Last Name	Date	
Act. The information prov	vided will be used to determ	•	ction 26(c) of the Freedom of Information and Protecti nave any questions about the collection and use of this	
School District Review Name and Position	and Approval	Approved Signature	Denied Date	