



**STUDENT TRANSPORTATION REGISTRATION FORM (Special Needs) 2020/21**

Transportation services are provided to students with special needs as defined in *Policy 5400 – Transportation of Students with Special Needs*.

Transportation fees for 2020/21 are as follows:

First Child	\$315
Second Child	\$315
Third Child +	\$100

Fees are not prorated.

***Prior to completing this form contact Learning Service @ 604.467.1101 to review your child’s transportation requirements.***

Please complete this form and email **by June 30, 2020** to the attention of *Transportation Manager* at [transportation@sd42.ca](mailto:transportation@sd42.ca) or deliver to District Education Office, 22225 Brown Avenue, Maple Ridge

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email: \_\_\_\_\_  
*Last Name First Name*

Address: \_\_\_\_\_  
*Street Address Unit # City Postal Code*

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Any allergies: \_\_\_\_\_ Care Card # \_\_\_\_\_

Require transportation: To school only  Return home only  Both ways

Wheelchair  Walker  Needs assistance on/off bus  Other \_\_\_\_\_

Communication concerns: Speaking  Understanding  Vision  Hearing

Please provide details:

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Please advise if your child needs to be met by a parent/guardian when they arrive home: Yes  No

Please advise if your child need to be met by SD42 staff member when arriving at school: Yes  No



### STUDENT TRANSPORTATION REGISTRATION FORM (Special Needs) 2020/21

Please note any medical, physical or behavioural issue that you feel may impact the safety or wellbeing of your child or any other passenger. Please be detailed and specific. e.g.: diabetes, epilepsy, etc.

<u>Condition</u>	<u>Likely reaction</u>	<u>Care required</u>

Medication: Yes  No  What medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby agree that any or all of the information provided herein may be shared with the bus company or other affected parties.

I, \_\_\_\_\_, understand that failure to disclose risk issues may result in discontinuation of service.

Submitted by: \_\_\_\_\_  
                                First Name                                  Last Name                                  Date

Personal Information Declaration: The information on this form is collected under the authority of Section 26(c) of the Freedom of Information and Protection Privacy Act. The information provided will be used to determine eligibility for Transportation Services. If you have any questions about the collection and use of this information, please contact the Transportation Manager at [transportation@sd42.ca](mailto:transportation@sd42.ca)

<b>School District Review and Approval</b>	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<i>Name and Position</i>	<i>Signature</i>	<i>Date</i>

For School District Use (Do not complete)					
Student(s)	Grade	School	Route Assignment	E/C	Paid