

**TRANSPORTATION ASSISTANCE REQUEST FORM**

**Please submit completed form to Student Services**

STUDENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ M \_\_\_\_\_ F  
NAME OF PARENT/GUARDIAN \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
ADDRESS TRANSPORTED FROM \_\_\_\_\_  
TRANSPORTED TO \_\_\_\_\_ SCHOOL \_\_\_\_\_  
HOME PICK-UP TIME \_\_\_\_\_ START TIME \_\_\_\_\_ RETURN PICK-UP TIME \_\_\_\_\_  
START DATE FOR SERVICE \_\_\_\_\_ END DATE FOR SERVICE \_\_\_\_\_  
LEARNING ASSISTANCE TEACHER \_\_\_\_\_

**MEETS INTENSIVE SUPPORT CRITERIA FOR:**

- |  |  |
|--|--|
| _____ Intellectual Disability (ID)           | _____ Multiple Disability (MD)           |
| _____ Visual Impairment (VI)                 | _____ Physical Health Impairment (PHI)   |
| _____ Orthopaedic Disability (OD)            | _____ Behaviour                          |
| _____ Wheelchair accessibility required      | _____ Preschool (PS)                     |
| _____ Deaf/Hard of Hearing (D/HH)            | _____ Pre-Kindergarten                   |
| _____ Pervasive Developmental Disorder (PDD) | _____ Kindergarten                       |
| _____ Substance-related Disorder             | _____ Pre Natal Substance Exposure (PSE) |
|  | _____ Other                              |

**Please describe any special requirements or concerns:** (ex: need for seat belt or shoulder harness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY	
Chartered Bus (First Bus) _____	Transported by Parent _____
Radio Cab _____	Go Pass _____
United Cab _____	Comfort Cab _____