



STUDENT TRANSPORTATION APPLICATION

School Year: **201** / **201**

New Change (please circle the change on form) Cancellation

School Bus Wheelchair Bus TTC

PARENT USE – Please complete this section, Page 2 and return to school

Student Surname:		First Name:		Health Card Number:	
Date of Birth: dd mm yy		<input type="checkbox"/> Male <input type="checkbox"/> Female		Parent / Guardian E-mail Address(es): <i>(if available)</i>	
Home Address:		Apt. #:		Postal Code:	Home Phone: ()
Mother/Legal Guardian Name:			Business Phone: ()		
Father/Legal Guardian Name:			Business Phone: ()		
Emergency Contact: <i>(Ensure emergency contact is someone other than parent)</i>			Phone: ()		
Day Care Contact:			Day Care phone number (if applicable): ()		
Transportation location for <u>pick up prior to school</u> : School/Stop pick-up or drop-off for Regular, French Immersion or Gifted students					
Transportation location for <u>drop off at dismissal</u> :					

Page 2

SCHOOL USE ONLY – Please complete this section and fax to Transportation Office (416) 394-3806

Destination School Name:		School Address:		Phone Number: ()	
School Code:	Program:	Program Code:	Trillium #:	Grade:	
Accurate Bell Times are Imperative			Class Start Time:		Class Dismissal Time:
Program Specifications (please provide days and times):					
Date Transportation to Begin:			End Date:		
Special Transportation Requirements/Instructions: <i>(i.e., Individual Transportation re Behaviour/Health; Car Seat; Accompanied by nurse or other;</i>					
<i>If the student requires school bus transportation outside the Policy, at what cognitive grade level does he/she function?</i>			_____		_____
			Signed by		Sending School

TRANSPORTATION DEPT. USE ONLY

HOME SCHOOL:		Edulog # _____		E W	
_____		DISTANCE: _____		C M	
<input type="checkbox"/> Big Bus	<input type="checkbox"/> Van	<input type="checkbox"/> Mini Van	<input type="checkbox"/> W/C Van	<input type="checkbox"/> Taxi	<input type="checkbox"/> TTC
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied: (Distance / Optional Attendance)	<input type="checkbox"/> Cardinal	<input type="checkbox"/> Stock-East	<input type="checkbox"/> Dignity	<input type="checkbox"/> Stock-West
		<input type="checkbox"/> Metro Cab	<input type="checkbox"/> WAT		
Transportation Supervisor Signature:			Date:		
Date sent to Planning:			Date sent to School:		

MEDICAL INFORMATION (IF NECESSARY ATTACH ADDITIONAL SHEET)

****For those applying for TTC Tickets, this page is not required**

Student Surname:	First Name:	School:	
Does the student have any history of allergy and/or drug-medicine reaction? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student on regular medication? If yes, explain (name medication and dosage):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What medication will be sent with the student to school?			
Does the student have any present/previous major illness or injury that might have a persisting effect? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have any form of:			
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deafness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language/Communication Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional/Behavioural Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shunt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Atlantoaxial Instability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Please explain :			
What other information would you suggest that might be required by the school or hospital in case of emergency?			
<small>In case of emergency, permission is hereby given to the 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.</small>			
SPECIAL TRANSPORTATION REQUIREMENTS			
Does the student travel to/from school in a wheelchair?		If yes, what type of wheelchair?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Motorized	<input type="checkbox"/> Highback
Does the student travel with a walker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual	<input type="checkbox"/> Reclining
Does the student travel to/from school in an infant child seat?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car Seats: May be used on 20 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., please indicate weight _____.			
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.			
All car and booster seats must be CSA approved and tethered into the school vehicle as required by the Ministry of Transportation before transportation can start. Trained staff from the bus company will inspect and install the car seat or booster seat.			
<i>Parent/Guardian must provide the car or booster seat and must leave them on the vehicle for the school year.</i>			
If the student requires a safety harness, please complete the "Harness Request Form". Please provide any additional information about the student's transportation requirements.			
Please note: It is the parent/guardian's responsibility to keep this information up-to-date.			
Date: _____		Parent/Guardian Signature: _____	

Checklist for Parent/Schools completing Transportation Applications for Bussing or TTC

1. Use the updated version of the Transportation Form found on our webpage at: <http://tdsbweb/site/viewitem.asp?siteid=112&pageid=112&menuid=112> or go to the TDSB intranet and click on the services down arrow and scroll down to Transportation.

Old forms that have been processed and then doctored by the school or parent and resent to submit a change will not be accepted. A new form is required.

Ensure you are using the *General* form for all students.
2. Check that all information is included in the **Parent Use** section including address, postal code and phone numbers. The pick up and drop off section may include only one address, which must be a street address. If the pickup/drop off is at a school the name of the school & address must be on the form. For Special Education students receiving home to school transportation, if the pickup/drop-off is at a daycare, the name of the daycare, address, contact person & phone # must be on the form.
3. Check that all information is included in the **School Use** section including Program Name (not ISP), Trillium number, grade, bell times (please note the start of class bell time is to appear on the form not the entry bell time).
4. If a child requires busing outside the Policy, please include the cognitive grade level at which the child functions in the space provided on the form.
5. If a child requires busing due to a medical condition, the Medical form to Determine Eligibility signed by the doctor (form on our web page) and the Transportation Application Form must be supplied. Optional attendance students do not receive transportation for medical issues.
6. If a child requires a car seat, the parent must supply the car seat and it must remain on the vehicle for the school year. If the child rides on two different buses, the TDSB will supply the second car seat.
7. If a child requires a safety harness, the Harness Request Form found on our webpage must be completed by a doctor or therapist and the waist & chest measurement in inches must be included.
8. If a child requires "ride alone" service, the bell times are outside of regular school hours i.e. 9:45 to 2:30. The school must ensure that the parent has supervision for the student in the morning and after school.
9. Empty seats are reviewed at the end of September. Forms must be signed by the Principal in the top right corner. For Big Buses, the school staff must check with the driver to ensure availability. For Vans, Student Transportation will provide the necessary count. (Empty Seat procedures for schools are currently being developed and will be posted on the Transportation on web page).
10. Page 2 of the form is required for all students riding a bus. Page 2 is not required for students using the TTC.
11. Transportation will review the application form and fax it back to the school approved or denied. If the request has been denied the reason will be circled and/or written on the form. The school is responsible for advising parents regarding approval or denial of bus service and to provide the route information (big bus) and/or explain why the service was denied.
12. Route information for students will appear in TRACS 24 to 48 hours after the processed form is faxed back to the school. Each school can only see their own TRACS information.