

SCHOOL BUS

EMPTY SEAT TRANSPORTATION APPLICATION

School Year: 201__ / 201__
THIS FORM MUST BE SIGNED BY THE PRINCIPAL & PARENT IN ORDER TO BE PROCESSED

PARENT USE - Please complete this section, Page 2 and return to school								
Student Surname:	First Name:	Health C	Health Card Number:					
Date of Birth: dd mm yy	Male Female		Parent / Guardian E-mail Address(es): (if available)					
Home Address:	Apt. #:	Postal C	ode:	Home Phone:	one:			
Mother/Legal Guardian Name:			Business Phone:					
Father/Legal Guardian Name:			Business Phone:					
Emergency Contact:		Phone:	'hone:					
Transportation location for <u>pick up prior to school</u> : Must be an existing bus stop on a route going to the Destination School								
Transportation location for <u>drop off at dismissal</u> :								
In signing this form, I confirm that I understand my child is not eligible for transportation under the Student Transportation Policy and may be granted permission to ride a school bus under the Empty Seat Procedure. I understand my child may be removed by the Principal at any time due to policy or funding changes, behavioural issues or if the seat is required for an eligible student. I understand accommodation on empty seats is for the current school year only and will not carry over to the following school year. I understand parents may re-apply each year at the end of September for an empty seat and there is no guarantee an empty seat will exist from one year to the next.								
10. an empty seat and more to no guarantee an em-	proj sout will constitution one your	10 110 1101101			Medical-Page	e 2		
Parent/Guardian Signature:			Date:			>		
SCHOOL USE ONLY – Please complete this section and fax to Transportation Office (416) 394-3806								
Destination School Name: S John English JMS	chool Address:	ress: Phone mico Ave., Etobicoke ON M8V 1R4			one Number: (416) 394-7660			
School Code: Progra		Trillium #:	11.4	(410)	Grade:			
	pty Seat EXC	Tillinuin ".			Grade.			
Class Start Time: 8:50 a.m.	rt Time: 8:50 a.m. Class Dismissal Time: 3:15 p.m.							
June 2014								
Date Transportation to Begin:	End End	Date:						
Principal Signature Date:								
Principal Signature Date: 1) Empty seat requests will be accepted by Transportation starting on September 30 th of each school year. Any priority given to the forms should be								
indicated numerically in the top right corner of the form. 2)During the month of September, Principals may allot empty seats to students on large 72 passenger vehicles but must keep a record. School staff								
determines how may empty seats are available by speaking with the driver or consulting the student list on TRACS. Forms for pre-allotted empty								
seats should be sent to Transportation on September 30 th with a notation on the form that the student is already on the bus. 2) Once forms are processed, student data will be entered into the routing system & TRACS will be updated within 24-48 hours to show students on								
the bus list.								
3) School staff are requested to inform parents whether their request is approved or denied & to provide the routing information or reason for denial.								
TRANSPORTATION DEPT. USE O	ONLY: EDUL	OG#		<i>E</i>	W C			
HOME SCHOOL:	DISTANCE:							
BIG BUS								
TRANSPORTATION SUPERVISOR SIGNATU	TRANSPORTATION SUPERVISOR SIGNATURE:DATE:							

MEDICAL INFORMATION (IF NECESSARY ATTACH ADDITIONAL SHEET)

Student Surname:	First Name:	School:				
Does the student have any history of allergy and	d/or drug-medicine reaction? If yes,	explain. Yes	□ No			
Is the student on regular medication? If yes, ex	plain (name medication and dosage)	: Yes	☐ No			
What medication will be sent with the student to	o school?					
Does the student have any present/previous maj persisting effect? If yes, explain.	or illness or injury that might have a	n □Yes	□ No			
Does the student have any form of: Diabetes Yes No Asthma Yes No Vision Difficulty Yes No Heart Disease Yes No Shunt Yes No Other: Please explain:	Epilepsy/Seizures Deafness Language/Communication Difficu Emotional/Behavioural Problems Atlantoaxial Instability	☐Yes☐Yes☐Yes☐Yes☐Yes☐Yes☐Yes☐	 No No No No No No			
What other information would you suggest that might be required by the school or hospital in case of emergency?						
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.						
SPECIAL TRANS	PORTATION REQU	IREMENTS				
Does the student travel to/from school in an infant child seat? Yes 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 less than 40 lbs., please indicate weight lbs. Booster Seats: Mandatory by law if student is riding in a minivan or taxi. If student is between 40 and 80 lbs., less than 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						
Parent/Guardian must provide the car or booster seat and must leave them on the vehicle for the school year. Please provide any additional information about the student's transportation requirements:						
Trease provide any additional information about	t the student's transportation require	mento.				