



**Transportation of Students with Diverse Learning
and/or Physical/ Medical Needs
APPLICATION FORM (ECS, GRADES 1-12)**

STUDENT/CHILD'S FULL NAME: _____

PARENT'S NAME(S): _____

STREET ADDRESS/ RURAL LEGAL LAND: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____

CHILD'S AGE: _____

CHILD'S HEIGHT and WEIGHT (if in an Early Learning program): _____

SCHOOL/PROGRAM ATTENDING: _____

ALBERTA EDUCATION NUMBER: _____

START DATE: _____ END DATE _____

DOES YOUR CHILD HAVE ANY PHYSICAL, MEDICAL, BEHAVIORAL, SOCIAL/EMOTIONAL, AND/OR COMMUNICATION CONCERNS THAT MAY PREVENT THEM FROM RIDING A REGULAR SCHOOL BUS:

TYPE OF TRANSPORTATION REQUESTED BY PARENT/GUARDIAN *: (✓) check one

- BUS _____ BUS NUMBER (IF KNOWN): _____
- TRANSPORTATION SERVICE CONTRACT (PARENT/AGENT) _____
- TRANSPORTATION NOT REQUIRED _____

*Certain conditions must be met before school bus transportation will be provided.

*Certain conditions must be met before parent/agent is compensated under contract for transportation services.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR THE NEW SCHOOL YEAR BY **MAY 31ST** OF THE CURRENT SCHOOL YEAR FOR CURRENTLY ENROLLED CHILDREN/ STUDENTS AND WITH THE REGISTRATION FORM FOR ANY NEW STUDENTS, AND RETURNED TO THE INCLUSIVE LEARNING TEACHER OR PRINCIPAL, TO ARRANGE FOR TRANSPORTATION SERVICES.

Parent Signature

Date

PARENT/AGENT PROVIDED CONTRACTS WILL BE SENT ONCE APPROVAL IS FINALIZED IF APPLICABLE. CONTRACTS MUST BE SIGNED AND SUBMITTED BY **OCTOBER 15TH OR AS SOON AS POSSIBLE FOR STUDENTS REGISTERING**

AFTER SEPTEMBER 30TH. PARENT/AGENT PROVIDED TRANSPORTATION RATES ARE BASED ON THE TRANSPORTATION FUNDING FROM ALBERTA LEARNING AND BTPS ADMINISTRATIVE PROCEDURE 701.22AP.

STUDENT NAME: _____

SCHOOL YEAR: _____

INCLUSIVE LEARNING SCHOOL TEAM USE ONLY	INFORMATION/DATE:
Exception Code:	
Severity of student's disability prevents them from riding a regular bus:	
Comments or Recommendations for Bus Driver (Attach more info if required):	
Current year ISP Transportation recommendation (See ISP Transition section):	
SETT and/or Supports Recommended:	
IL Teacher/Principal Signature:	

FOR ECS/EARLY LEARNING CHILDREN ONLY:

PROGRAM DAYS: _____ **FULL DAYS** (✓) _____ **HALF DAYS** (✓) _____
DAYS OF WEEK TRANSPORTATION REQUIRED: _____ **M / T / W / TH / F** (Circle)

Please return to the Transportation Department by **June 30th** of the current school year for existing students. For new students, please return this form by **September 15th** or as soon as possible so transportation services can be arranged.

TRANSPORTATION DEPARTMENT USE ONLY	INFO	DATE
Student Eligibility (lives more than the designated walking distance (1.6 km or 2.0 km) from their designated school):		
Within Designated Attendance Area:		
Bus Route (If Applicable):		
Special Equipment Required for Bus: Lift, Safety Harness, Hand Rail, etc.		
Parent/Agent Contract (If Applicable):		
Comments, if required:		
Director of Transportation Signature:		