<b>byskidls</b> a	Service de transport des élèves <u>Windsor – Essex</u> Student Transportation Services	Principal: Coordinator: Spec Ed Dept: Distance:
TRANSPORTATION APPLICATION FOR STUDENTS         WITH SPECIAL NEEDS         (to be completed by parent/guardian/school admin – one form per student)		
Today's Date:	Transportation EFFECTIVE Date: numbers, Designates, etc) Yes No*Equipment Required: Yes No est measurement:	
School:	Birthdate: (dd/mm/yy)/	_/
Student's Name:		
Student ID #:	Grade:	
Parent's / Guardian's Name:		
Home Address:	City/Town:	
Home Phone #:		
	s, list allergy(ies)	
*** Contact Name & Phone Number will be extracted from student information system. ***		
Designate at Bus Stop:		(max 4)
	dress is required i.e. Daycare, Caregiver etc, see ESS:	below
Pick Up Address:		
Drop Off Address:		
NOTE: ONE DROP-OFF & ONE PIO ** STUDENT NOTE: By signature below, you aut Board, STS and the Bus Compar maintain the necessary sa */** I understand that equipment is r be available at the bus stop to fasten my child will only be authori	CK-UP ADDRESS ONLY – NO ALTERNAT IS MUST RIDE CONSISTENTLY ** horize the exchange of student data informat by (by signed privacy protection agreements) ifety levels for the transportation of our stude equested for my student therefore I agree as and un-fasten the equipment ordered. I also zed to ride with the assigned equipment at al	E ADDRESSES ion among the in order to ents. the designate to understand that ll times.
	at transportation may be provided for eligible l bus is a privilege and not a right of the pup	•