	Service de transport des élèves	Principal:
	Windsor – Essex	Coordinator:
MA DOSULA SIS	Student Transportation Services	Spec Ed Dept: Distance:
CELEVIT HERE		
<b>TRANSPORTATIO</b>	ON APPLICATION FOR STUD	<u>ENTS</u>
	<u>FH SPECIAL NEEDS</u>	
	ent/guardian/school admin – one form per stud	
Today's Date: TYPE OF APPLICATION:	Transportation EFFECTIVE Date:	
Change/Update Information (i.e. phone	e numbers, Designates, etc) Yes No	_
Designate Required: Yes No	*Equipment Required: Yes No	
*If Equipment is requested, be specific **If Vest is requested: Please provide of	:	
II vest is requested. I lease provide v	nost medsurement	
School:	Grade:	
Student's Name:		
Student ID #:	(obtain from secretary)	
Parent's / Guardian's Name:		
Home Address:	City/Town:	
Home Phone #:	Postal Code:	
EPI-PEN Yes No If y	ves, list allergy(ies)	
*** Contact Name & Phone Number w	vill be extracted from student information system.	***
Designate at Bus Stop:	Phone #	
If Transportation other than the home a <b>TRANSPORTATION ADDE</b>	ddress is required i.e. Daycare, Caregiver etc, see <b>RESS</b> :	below
Pick Up Address:		
Drop Off Address:		
	ICK-UP ADDRESS ONLY - NO ALTERNAT	E ADDRESSES
	NTS MUST RIDE CONSISTENTLY ** athorize the exchange of student data informat	ion among the
	any (by signed privacy protection agreements)	-
maintain the necessary s	safety levels for the transportation of our stude	ents.
	requested for my student therefore I agree as	
-	n and un-fasten the equipment ordered. I also rized to ride with the assigned equipment at al	
Requested By:		
Parents/Guardians must realize th	aat transportation may be provided for eligible	e students only

and that riding a school bus is a privilege and not a right of the pupil.