



Service de transport des élèves

Windsor – Essex

Student Transportation Services

TRANSPORTATION APPLICATION – SPECIAL NEEDS

New request

Change Address

Designate Update

Today's Date: _____ EFFECTIVE Date: _____

School: _____ Grade: _____

Student's Name: _____ Phone: _____

Date of Birth: _____ Student ID #: _____

Parent's / Guardian's Name: _____

Home Address: _____ City/Town: _____

Designate Required: ___ Yes Provide up to 4 names – Parents are considered as one designate

Name _____

*Is Equipment required: ___ Yes Type (be specific) _____

If Vest is requested: Please provide chest measurement: _____
(equipment must be kept in good working order and vests should be reassessed annually for sizing)

EPI-PEN : ___ Yes If yes, list allergy(ies) _____

If Transportation other than the home address is required i.e. Daycare, Caregiver etc, see below

TRANSPORTATION ADDRESS:

Pick Up Address: _____

Drop Off Address: _____

NOTE: By signature below, you authorize the exchange of student data information among the Board, STS and the Bus Company (by signed privacy protection agreements) in order to maintain the necessary safety levels for the transportation of our students.

* I understand that equipment is requested for my student therefore I agree the designate will be available at the bus stop to fasten and un-fasten the equipment ordered. I also understand that my child will only be authorized to ride with the assigned equipment at all times.

Requested By: _____

If the student has needs that require the driver to have knowledge of or intervene to assist the child a Student Transportation Plan must be submitted with this form.