



SPECIALIZED TRANSPORTATION REQUEST

SECTION A: (Renfrew County Catholic District School Board - Complete by school, then send a scanned format of this form in an email to Special Education, Kelly Etmanskie: e-mail ketmanskie@rccdsb.edu.on.ca or Katherine McLaughlin: e-mail kmclaughlin@rccdsb.edu.on.ca)
 (Renfrew County District School Board – Complete by School, then send a scanned format of this form in an email to Special Education, Amy Cybulski: e-mail speced@rcdsb.on.ca)

| | | | |
|---|--|--------|--|
| Student Name: | | Age: | |
| School: | | | |
| Program Attending and Name of Home School, if Attending Section 23: | | Grade: | |

Date requesting to start Program: _____

Location transportation requested from (Ensure this matches Maplewood/Trillium information):

A.M.: Home _____ Telephone # _____
(911 Civic Address with Postal Code)

P.M.: Home _____ Telephone # _____
(911 Civic Address with Postal Code)

Alternate (Custodial) Caregiver (if different from above): **Schedule: Must be week about as per Policy P.01, 1A.5**

A.M. Address: _____ Telephone # _____
(911 Civic Address with Postal Code)

Mom Dad Sitter Other (specify) _____

P.M. Address: _____ Telephone # _____
(911 Civic Address with Postal Code)

Mom Dad Sitter Other (specify) _____

- Capable of walking to school if within Policy walking distance.
- Custodial Caregiver providing transportation.
- Transportation required (please complete all sections below).

**Principal and/or Designate MUST contact RCJTC to discuss options
 * (For RCDSB only)**

Transportation Accommodation Request:

- | | | | | | |
|--|---------|---------|---------|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Booster seat (RCJTC provides, not available on a regular bus) <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 20%;">Height:</td> <td style="width: 20%;"></td> <td style="width: 20%;">Weight:</td> <td style="width: 40%;"></td> </tr> </table> <ul style="list-style-type: none"> <input type="checkbox"/> Standard wheelchair <input type="checkbox"/> Electric wheelchair <input type="checkbox"/> Small bus (20 passenger) <input type="checkbox"/> Regular bus (72 passenger) | Height: | | Weight: | | <ul style="list-style-type: none"> <input type="checkbox"/> Smaller vehicle (car or mini van) <input type="checkbox"/> Alternate Arrival Time in A.M. _____ <input type="checkbox"/> Alternate Dismissal Time in P.M. _____ <input type="checkbox"/> Other _____ |
| Height: | | Weight: | | | |

Special Accommodations which transportation should consider in placing pupil (be specific):

| Exceptionality/List of AODA Requirements: | Additional Information: | Detailed Description of Need: |
|--|---|---|
| <input type="checkbox"/> Aide / Monitor <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Autism <input type="checkbox"/> Blind or Low Vision <input type="checkbox"/> Car Seat <input type="checkbox"/> Diabetic <input type="checkbox"/> E/A <input type="checkbox"/> Epi-pen <input type="checkbox"/> Inhaler <input type="checkbox"/> Monitor <input type="checkbox"/> Seatbelt <input type="checkbox"/> Walker or Crutches or Mobility Device <input type="checkbox"/> Wheelchair or Scooter | <input type="checkbox"/> Ambulatory <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioural <input type="checkbox"/> Booster Seat <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Epileptic <input type="checkbox"/> General Allergy <input type="checkbox"/> Medical Form <input type="checkbox"/> Oxygen Support System <input type="checkbox"/> Service Animal <input type="checkbox"/> Service Dog <input type="checkbox"/> Crutches / Walker <input type="checkbox"/> Epipen <input type="checkbox"/> Inhaler <input type="checkbox"/> Special Class Placement <input type="checkbox"/> Physical <input type="checkbox"/> Communication <input type="checkbox"/> Student must travel alone | <div style="background-color: #e0e0e0; height: 250px;"></div> |

Section A Principal Signature: _____ Date: _____

I agree that the information above matches Maplewood/Trillium

SECTION B: (Both Renfrew County Catholic District School Board & Renfrew County District School Board) – Complete by Special Education Department, then forward to Transportation via Email: trans@onthebus.ca

Co-ordinator of Special Education – Additional Notes: _____

Section B Completed by Co-ordinator of Special Education: _____ Date: _____
 (Public Board: Amy Cybulski, Secretary of Special Education)

***For RCDSB Only:**

NEW and/or
 CHANGED
 DEMIT

| | |
|--|---|
| Additional Cost (Completed by RCJTC): <div style="background-color: #e0e0e0; height: 250px; width: 100%;"></div> | Approved By: <div style="background-color: #e0e0e0; height: 60px; width: 100%;"></div> Date: <div style="background-color: #e0e0e0; height: 60px; width: 100%;"></div> |
|--|---|

| RCJTC STAFF ONLY | | |
|------------------|-------------|-----------------|
| Date Received: | Start Date: | Date Completed: |
| | | |
| Operator: | Vehicle: | Route #: |
| | | Completed By: |
| | | |

*The personal information you have provided **on this form and any other correspondence relating to transportation** is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, **and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act.** The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the **General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.***