



**APPLICATION FOR TRANSPORTATION FOR MEDICAL REASONS**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

911 Address: \_\_\_\_\_  
# and Street PO Box City Postal Code

Parent/Guardian Name: \_\_\_\_\_

Tel: (H) (613) \_\_\_\_\_ (W) (613) \_\_\_\_\_  
 (C) (613) \_\_\_\_\_ E-mail: \_\_\_\_\_

The approximate distance from the above student's residence to school or bus stop as calculated by the RCJTC is \_\_\_\_\_ km (one way) and is within the walk zone established by the RCJTC.

**SECTION A: REASON FOR SPECIAL TRANSPORTATION**  
 (This section must be completed by a physician.)

1. Is this student restricted in his/her activities at school?  Yes  No

2. If yes, please explain any reduction in physical activities and/or other restrictions while at school.  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Is this student capable of walking the above distance to/from school or bus stop?  Yes  No

4. If no, please complete the following sections.  
 (a) Explain the nature of the medical condition, **in detail**.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Transportation is necessary for the following period:  
 From: \_\_\_\_\_, 20 \_\_\_\_\_ To: \_\_\_\_\_, 20 \_\_\_\_\_

**Name and Address of Physician (please print)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Physician**  
 \_\_\_\_\_

**Date**  
 \_\_\_\_\_

**Forward this form to the School Office.**

