

Appendix 6 Request for Accessible Student Transportation Services

Mobility	Behavioural	Equipment
<input type="checkbox"/> Can enter vehicle unattended	<input type="checkbox"/> May wander	<input type="checkbox"/> Harness
<input type="checkbox"/> Can exit vehicle unattended	<input type="checkbox"/> May be aggressive	<input type="checkbox"/> Service Dog
<input type="checkbox"/> Can sit unattended	<input type="checkbox"/> May run away	<input type="checkbox"/> Booster Seat
<input type="checkbox"/> Requires physical aids	<input type="checkbox"/> May be self-injurious	<input type="checkbox"/> Car Seat
<input type="checkbox"/> Requires a seat with seat belt	<input type="checkbox"/> May undo seat belt	<input type="checkbox"/> Wheelchair

Additional Information (specific details about the student's needs):

Additional Information about the student can be entered here

If an emergency occurs -- transportation company will follow emergency protocol
<p>Notice of Collection Statement Special Needs/Medical</p> <p>I _____ acknowledge that ISTP services will be provided on the terms <small>Parent/Guardian Signature</small></p> <p>described herein. I agree to inform the Board (School Principal/Superintendent of Special Education/ Special Education Coordinator) as soon as any of the information on this form changes. I consent to the sharing of this information between ISTS, the School Board and the service provider for the purpose of student transportation arrangements. Where necessary, I hereby permit ISTB to access any personal/medical information held by ISTB and/or the School Board and to share this information with the School Board and the service provider for the purpose of safely transporting students.</p>

For School or Board Use Only:

Note: If the student requires additional services please attach to this request

<input type="checkbox"/> Student is in a specialized classroom (ACE, ILS, GRACE, Other _____)	<input type="checkbox"/> Student is attending their Board designated school in a regular program and requires transportation due to a special need
<input type="checkbox"/> By checking this box, I _____ confirm that the information above is <small>Principal Signature/Board Designate</small>	
accurate, true and that the student has a legitimate need for Special Transportation.	

Board Designate:

1) Please scan and email to rosanne.zagordo@hscdsb.on.ca for eligible students.

2) A hard copy must be sent to the Special Education Coordinator in the courier. Once it has been signed and returned, place a copy in:

- OSR Copy to Parents

3) Special Education Coordinator will forward a copy to Algoma Huron Transportation Services.

Date of Approval: _____ Signature: _____