



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: _____	
<p>The approximate distance from the above student's residence to school or bus stop as calculated by the Board is _____ km (one way) and is within the walk zone established by the Board.</p>			
<p>SECTION A: REASON FOR SPECIAL TRANSPORTATION (This section must be completed by a physician.)</p>			
1. Is this student restricted in his/her activities at school? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			

SECTION B: SCHOOL'S USE ONLY

Principal's Comments/Recommendations:

Signature of Principal

This form may be returned to you if there is insufficient information from the physician.

RCJTC USE ONLY

TRANSPORTATION APPROVED: Yes No

Comment: _____

TRANSPORTATION TO BEGIN: Date: _____ / _____ / _____
dd mm yy

ROUTE #: _____ OPERATOR: _____

STOP LOCATION: _____

STOP TIMES: A.M. ____:____ P.M. ____:____ DATE COMPLETED: _____ / _____ / _____
dd mm yy

Notified: Operator School Parent/Guardian

Updated: Transportation Software Route km increased or decreased by: _____ . _____ km

RCJTC Staff Signature: _____ Date: _____ / _____ / _____
dd mm yy

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.