



School District #38 (Richmond)
TRANSPORTATION DEPARTMENT
5200 River Rd, Richmond, BC, V7C 1A4
Phone # 604-668-7838
Fax # 604-668-6687

Request for Transportation Service For Students with Special Needs

FOR SEPTEMBER _____ TO JUNE, _____ SCHOOL YEAR

If you wish to have your child(ren) receive bus service, the attached form must be completed. Please read the following guidelines:

- Approval for ridership is determined on an individual student basis by the Assistant Manager - Transportation. Transportation is typically provided only from home to school and back. However, there may be special accommodations for students who need to be transported from their school to a preschool or daycare facility.
- If the student moves to a different residence during the school year the School District may not be able to accommodate transportation needs.
- Students must register and be on the roster of the bus.
- Students who do not ride for an extended period of time may be dropped from the roster and will have to reapply for service. Please contact the Transportation Department for further information.
- The student's parent or guardian must sign the attached form.
- Please note that the address on this application must match the address on file with the school.
- **Once the school year starts, please remember to contact the Transportation Department at 604-668-7838 if your child does not need transportation on a particular day.**

Please complete this application and return it to the attention of the school office.

Students with Special Needs Transportation

School Year

Student's First Name: _____

Student's Last Name: _____

Students Date of Birth: Day:_____ Month:_____ Year:_____ **Wheel Chair:** _____

Residential Address: _____

_____ Postal Code _____

Parent Contact Info.

Primary Caregiver:

Alternate:

Full Name: _____

Home Telephone: _____

Work/Cell Phone #'s: _____

Emergency Contact: Name: _____

Phone #: _____ Alternate #: _____

School Name: _____

Grade: _____ (If Kindergarten: A.M. _____ P.M. _____ Both _____)

Required Transportation: To school only ___ Return home only ___ Both ways ___ Other ___

After School Care Program/Daycare Address – Please provide us with all details (e.g. what days student will attend, Monday, Wednesday only, etc.)

Special Accommodation: _____

Contact Person & Phone #: _____

Please advise us of any medical, physical or behavioral issues that you feel may impact the safety or well being of your child or other passengers. **Please be detailed and specific.** Thank you.

CONDITION

LIKELY REACTION

CARE REQUIRED

(The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by District Administration.)

Name of Parent/Guardian: _____ Signature: _____
(Please Print)

Signature of Principal (current school): _____ Date: _____

SD38 use only

Bus # _____

Rte # _____

Walk Distance _____ Km

Comp I.D. # _____