



SPECIALIZED TRANSPORTATION REQUEST

SECTION A: (RCCDSB - Complete by school, then forward to Special Education, Kathy O'Neil fax 613-623-2659 or e-mail koneill@rccdsb.edu.on.ca or Sally Douglas fax 613-687-8404 or e-mail sdouglas@rccdsb.edu.on.ca)
 (RCDSB - Complete by School then forward to Special Education Department fax-613-732-1898 or e-mail prangee@renfrew.edu.on.ca)

Student Name:		Height:		Age:		Weight:	
School:							
Program Attending:						Grade:	

Date requesting to start Program: _____ (Please allow a minimum of 5 working dates to process.)

Location transportation requested from:

A.M.: Home _____ (613) _____
(911 Civic Address with Postal Code) Telephone #

P.M.: Home _____ (613) _____
(911 Civic Address with Postal Code) Telephone #

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

A.M. Address: _____ (613) _____
(911 Civic Address) Telephone #

Mom Dad Sitter Other (specify) _____

P.M. Address: _____ (613) _____
(911 Civic Address) Telephone #

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).

Transportation Accommodation Request:

- | | |
|---|---|
| <input type="checkbox"/> Booster seat (Board provides, not available on regular bus) | <input type="checkbox"/> Smaller vehicle (car or mini van) |
| <input type="checkbox"/> Standard Wheelchair <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Alternate Arrival Time in A.M. _____ |
| <input type="checkbox"/> Small bus (20 passenger) | <input type="checkbox"/> Alternate Dismissal Time in P.M. _____ |
| <input type="checkbox"/> Regular bus (72 passenger) | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Medical _____ |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Physical _____ |
| <input type="checkbox"/> Service Dog | <input type="checkbox"/> Behavioural _____ |
| <input type="checkbox"/> Crutches/Walker | <input type="checkbox"/> Communication _____ |
| <input type="checkbox"/> Student must travel alone | <input type="checkbox"/> None |

Section A completed by: _____ Date: _____

I have consulted with the Special Education Router from Transportation on available options.

SECTION B: (Both RCCDSB & RCDSB - Complete by Special Education Department, then forward to Transportation fax-613-732-2874 or e-mail trans@rcjtc.on.ca)

- Student's program has been reviewed and remains unchanged for the coming school year.
- Transportation is already in place.
- No transportation required (custodial caregiver supplying).
- Walking.

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NEW or CHANGED Placement

Comments: _____

County IPRC Chaired by: _____ Date: _____

School IPRC Chaired by: _____ Date: _____

Section B completed by: _____ Date: _____

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.