



TF011

REQUEST FOR SPECIAL TRANSPORTATION FOR MEDICAL REASONS

Date of Request: (m) _____ (d) _____ (y) _____ School: _____

Student Information

Student's Name: _____ Phone: _____

Student's Address: _____
(if rural, civic emergency number and road or street name, township or municipality)

Request for Transportation to Begin: (m) _____ (d) _____ (y) _____

Pick-Up Time: to School _____ a.m. from School: _____ p.m.

Principal's Signature

Parent's Signature

NOTE TO PARENT/GUARDIAN: Parents are not to assume that Transportation has been approved until the arrangements have been confirmed. It is the responsibility of the Parent/Guardian to notify the bus company when the student cannot attend, and the Transportation Department (519)751-7532 when transportation is no longer required.

To be Completed by Doctor:

Name of Medical Doctor: _____ Phone: _____
(please print)

Specific medical condition that may necessitate transportation: _____

Duration transportation is required:

Start: (m) _____ (d) _____ (y) _____ Finish: (m) _____ (d) _____ (y) _____

Signature of Doctor

To Be Completed by Student Transportation Services Brant Haldimand Norfolk:

Name of Company Transporting Student: _____ Route No.: _____

Start date: (m) _____ (d) _____ (y) _____ Finish date: (m) _____ (d) _____ (y) _____

Signature of Manager of Transportation

This information is collected under legal authority of the Education Act, to be used by the transportation department, school administration and bus drivers. This form will be retained by Transportation for 1 year after the current school year and then will be shredded. The contact person for inquiries concerning this information is the Manager of Transportation at 349 Erie Ave, Brantford, Ont., N3T 5V3. (519) 751-7532