East Central Catholic Schools

Transportation of Students with Diverse Learning and/or Physical Needs Application Form

Student/Child's Full Name _____

Parent's Name _____

Street Address/Rural Legal Land _____

Mailing Address: _____

Phone Number _____ Email: _____

Date of Birth _____

Child's Age _____

School Program Attending _____

Alberta Student Number _____

Start Date _____ End Date _____

Does your child have any physical, medical, behavioral, social/emotional, and/or communication concerns that may prevent them from riding a regular school bus?:

_____

_____

Type of transportation requested by Parent/Guardian:

- Bus___
- Transportation Service Contract (Parent)____
- Transportation not required_____

*Certain conditions must be met before school bus transportation will be provided.
*Certain conditions must be met before parent is compensated under contract for transportation services.

This from must be completed in its entirety for the new school year by **May 31st** of the current school year for currently enrolled children/students and with the registration form for any new students, and returned to the Inclusive Learning Teacher or Principal, to arrange for transportation services.

_____ _____

Parent/Guardian Signature Date

Parent contracts will be sent once approval is finalized if applicable. Contracts must be signed and submitted by **October 15 or as soon as possible for students registered after September 30th**. Parent provided transportation rates are based on the transportation funding from Alberta Education and ECACS Admin Procedure 610.

Student Name:_____ School Year:_____

Inclusive Learning School Team Use ONLY	**Information/Date:**
Exception Code	
Severity of student's disability prevents them from riding a regular bus	
Comments or Recommendations for Bus Driver (Attach more info if required)	
Current year IPP Transportation recommendation	
SETT and/or Supports Recommended	
IL Teacher/Principal Signature:	

FOR ECS Children Only:

Program Days:_____ Full Day(✓)_____ Half Days(✓)_____

Days of the week Transportation Required: M / T / W / TH / F (circle)

Please return to the Central Office by **June 15th** of the current school year for currently enrolled students for the next school year. For new students, please return this from as soon as possible so transportation services can be arranged.

_____ _____

Secretary-Treasurer Date