



**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 (824-4119) 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 Service de transport de Wellington – Dufferin Student Transportation Services:**

Name of Company Transporting Student: \_\_\_\_\_ Route No.: \_\_\_\_\_

Start date: (m) \_\_\_\_\_ (d) \_\_\_\_\_ (y) \_\_\_\_\_ Finish date: (m) \_\_\_\_\_ (d) \_\_\_\_\_ (y) \_\_\_\_\_

\_\_\_\_\_  
Signature of General Manager of Transportation