



**REQUEST FOR SPECIALIZED TRANSPORTATION
 CONFIDENTIAL**

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

Student Information

Student's Name: _____

Student's Address: _____

(If rural, civic emergency number and road or street name, township or municipality)

Gender: _____ (m/f) Date of Birth: (m) _____ (d) _____ (y) _____

Grade: _____ Program: _____

Parent/Guardian's Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Transportation Address (if different from student's address above)

 (If rural, civic emergency number and road or street name, township or municipality)

Special Transportation Instructions: _____

Requested Start Date: (m) _____ (d) _____ (y) _____

 Special Education Consultant/Principal

 Special Education Transportation Technician

 Date (m/d/y)

 Date (m/d/y)

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) _____