



REQUEST FOR TRANSPORTATION FOR MEDICAL REASONS – TF011

Section 1 - To be completed by Parent / Guardian and School Principal:

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

Student Name: _____ Phone: _____

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

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

Principal Signature

Parent/Guardian Signature

Section 2 - To be completed by Doctor:

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

Medical condition that may necessitate transportation: _____

Duration transportation is required:

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

Signature of Doctor

Section 3 - To be completed by Service de Transport de Wellington–Dufferin Student Transportation Services:

Name of Company Transporting Student: _____ Route #: _____

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

Signature of General Manager of Transportation

Parents/Guardians are not to assume that transportation has been approved until arrangements have been confirmed by the school. It is the responsibility of the Parent/Guardian to notify the bus company when the student is absent and does not require service, and STWDSTS when service is no longer required.