



**NIPISSING-PARRY SOUND
STUDENT TRANSPORTATION SERVICES**

TRANSPORTATION REQUEST for MEDICAL REASONS

TODAY'S DATE: _____

NOTE TO PARENTS: Parents are not to assume that transportation has been approved until the arrangements have been confirmed with them .

STUDENT NAME:	PHONE:
SCHOOL:	GRADE:
ADDRESS:	



TO BE COMPLETED BY DOCTOR/PHYSICIAN (Please complete in its entirety)

DOCTOR NAME:	TELEPHONE:
SPECIFIC MEDICAL CONDITION(S) THAT NECESSITATES TRANSPORTATION:	
DATE TRANSPORTATION REQUESTED (Please indicate if this is seasonal or specific dates, as applicable):	

WHICH OF THE FOLLOWING ACTIVITIES SHOULD BE CURTAILED:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Physical Education Class	<input type="checkbox"/>	<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	<input type="checkbox"/>
AM/PM Recess	<input type="checkbox"/>	<input type="checkbox"/>	Sports Activity	<input type="checkbox"/>	<input type="checkbox"/>
Walk to School	<input type="checkbox"/>	<input type="checkbox"/>			

Describe how the medical condition of the student impacts his or her ability to walk to school or to the bus stop:

SIGNATURE OF DOCTOR: _____
NPSSTS reserves the right to request additional medical information to support this request.



TO BE COMPLETED BY SCHOOL PRINCIPAL

START DATE:	END DATE:
SCHOOL DROPOFF TIME (a.m.):	SCHOOL PICKUP TIME (p.m.):
COMMENTS:	

SIGNATURE OF PRINCIPAL: _____



TO BE COMPLETED BY NPSSTS

OPERATOR:	ROUTE:	COST:
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NPSSTS MANAGER APPROVAL: _____ DATE: _____

F.O.I. COLLECTION STATEMENT: Authorization for the collection of this information is in the *Education Act*. Users of this information may be principals, teachers, support staff, volunteers, transporting operators, drivers and school vehicle monitors. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school. A copy of the form will be provided to the NPSSTS and the transporting operator.