



# New Frontiers School Board Transportation Services

## Special Accommodation Request • Alternative Address Form

2015-2016

### Student Information

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_

Municipality \_\_\_\_\_ Postal Code \_\_\_\_\_

School: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

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Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### Information

- Transportation required for medical reason(s)  
*(Please have your child's physician complete the Medical Information section - reverse)*
- Transportation requested within 1.6 km (elementary)
- Transportation requested within 2.0 km (secondary)
- Alternative address
- Other (please specify) \_\_\_\_\_

Please provide details supporting this request

- To obtain an available seat, this form must be completed and signed by the parent and submitted to the school along with a cheque for \$200 payable to New Frontiers School Board. The school will forward the completed form to the Transportation Department for evaluation. Not all requests can be granted.
- Payment arrangements are available upon request.
- The service is not guaranteed for the year and is subject to availability. In the unlikely event that seats are required for new registrations during the year or there is a change in bus routes, the Transportation Department will determine which students will no longer have an available seat and will issue a pro-rata refund.
- In no other case will there be a refund for an available seat fee, unless your request is denied.
- Bus stops will not be added nor will bus routes be extended to accommodate these requests.
- All requests must be received by September 30<sup>th</sup> and are only valid for the current school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### For Transportation Services use

Date Received \_\_\_\_\_

Bus # \_\_\_\_\_ Time \_\_\_\_\_ Bus Stop \_\_\_\_\_

Payment received


**The New Frontiers School Board Transportation Policy (EEA) stipulates that although a student does not qualify for school transportation, consideration is given to those students with medical problems.**  
In order for special accommodation to be considered, the following must be completed by a medical professional.

## Medical Information

Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_  
*Student's Name* requires transportation for this school year for the following medical reason(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date