



TSTG - EMPTY SEAT - TRANSPORTATION APPLICATION

Priority # _____

School Year: 20 /20

FORM MUST BE SIGNED BY THE PRINCIPAL & PARENT IN ORDER TO BE PROCESSED

SECTION #1 - STUDENT INFORMATION

Student Surname:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: mm/dd/yyyy / /
Home Address:	Apt/Unit #	Postal Code	City/District: E-mail Address:
1 st Parent/Guardian Name:	1 st Contact #	Alternate #	
2 nd Parent/Guardian Name:	2 nd Contact #	Alternate #	
Emergency Contact Name: (Ensure emergency contact is someone other than parent)	Contact # Relationship:	Alternate #	

PICK UP: Must be an existing bus stop going to the Destination

Planning Use: Stop ID _____ Run ID _____ Route ID _____

DROP OFF: Must be an existing bus stop going to the Destination

Planning Use: Stop ID _____ Run ID _____ Route ID _____

In signing this form, I confirm that I understand my child is ***not eligible for transportation under the Student Transportation Policy*** and may be granted permission to ride a school bus under the Empty Seat Procedure. I understand my child may be removed by the Principal at any time due to policy or funding changes, behavioural issues or if the seat is required for an eligible student. I understand accommodation on empty seats is for the current school year only and will not carry over to the following school year. I understand parents must re-apply each year at the end of September for an empty seat and there is no guarantee an empty seat will exist from one year to the next. **Page 2** →

Parent/Guardian Signature: _____ **Date:** _____

SECTION #2 - SCHOOL INFORMATION

Please complete this section and fax to Transportation Office: (416) 394-3806

Destination School Name:	School Address:	Phone Number:			
School Code:	Program: Empty Seat	Program Code: EMP or EXC	Grade:	Start Date:	End Date:
Trillium & OEN # MUST BE PROVIDED or forms will NOT be processed:			Trillium #:	OEN #:	
Name & route # of Sibling currently riding bus:			Class Start Time:	Class Dismissal Time:	

Principal or Designate: _____ Date: _____

- 1) Empty seat requests will be accepted by Transportation starting on **September 30th** of each school year. Any priority given to the forms should be indicated numerically in the top right corner of the form.
- 2) **During the month of September, Principals may allot empty seats to students on large 72 passenger vehicles only but must keep a record.** (School staff determines how many empty seats are available by speaking with the driver or consulting the student list on TRACS. Forms for pre-allotted empty seats should be sent to Transportation on **September 30th** with a notation on the form that the student is already on the bus).
- 3) School staff are requested to inform parents whether their request is approved or denied & to provide the routing information or reason for denial.

TRANSPORTATION DEPT. USE ONLY:

Distance: _____ Big Bus School Bus Van

AREA: A1 A2 A3

Home School: _____

Transportation Supervisor Signature: _____ Date: _____

APPROVED **DENIED:** (No Seat Available / bus stop does not exist for school)

<input type="checkbox"/> Planning
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Faxed

MEDICAL AND ADDITIONAL INFORMATION

Student Surname:	First Name:	School:
Communication: <input type="checkbox"/> Is completely verbal <input type="checkbox"/> Is partially verbal <input type="checkbox"/> Is non-verbal <input type="checkbox"/> Carries an ID card		
Does the student have any history of allergy and/or drug-medicine reaction? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Inhaler/Puffer <input type="checkbox"/> Triggers (example penicillin) Other: _____		
Does the student have any form of: Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Deafness/ Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Behavioural Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Shunt <input type="checkbox"/> Yes <input type="checkbox"/> No Blind/Vision Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy/Seizure <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Please explain:		
Mobility: <input type="checkbox"/> can student navigate steps (Boarding/De-boarding concerns) <input type="checkbox"/> crutches <input type="checkbox"/> flight risk/runner <input type="checkbox"/> does student pose a risk of injury to self or others <input type="checkbox"/> oxygen <input type="checkbox"/> requires Aide/Nurse <input type="checkbox"/> walker (Type: <input type="checkbox"/> collapsible <input type="checkbox"/> non-collapsible) Does the student travel to and from school in a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type of wheelchair? <input type="checkbox"/> Adaptive Stroller <input type="checkbox"/> High-back <input type="checkbox"/> Reclining <input type="checkbox"/> Manual <input type="checkbox"/> Motorized		
AODA – Safety Plan:		
In case of emergency, permission is hereby given to the Toronto Catholic District and Toronto District School Board to release the above information to a medical practitioner. The pupil is to be taken to the nearest hospital for examination and, if necessary, x-rays. In addition, this information will be shared with the transportation carrier. Personal information contained on this form or general information collected on behalf of the Toronto District School Board regarding the student is collected under the authority of the <i>Education Act</i> and in compliance with sections 14, 31 and 32 of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> and will be used for education, transportation and health and safety purposes.		
SPECIAL TRANSPORTATION REQUIREMENTS		
<input type="checkbox"/> Booster seat (mini-van use only) <input type="checkbox"/> Car seat <input type="checkbox"/> C – Clips <input type="checkbox"/> O – Rings <input type="checkbox"/> Safety Vest/Harness <input type="checkbox"/> Seatbelt cover lock Other: _____		
Booster Seats: Mandatory by law if student is riding in a minivan or taxi. If student is between 40 and 80 lbs., under 145 cm tall and up to 8 years of age, a booster seat is required.		
Car Seats: Not mandatory but may be used on 18 passenger buses for daily home to school transportation. Car Seats must be used for students who require them because of their medical condition. If student is under 40 lbs./18.2 kg., please indicate weight _____		
Medical Eligibility: If transportation is requested due to a health concern, the “ Medical Form to Determine Eligibility ” must be completed by a medical practitioner and returned along with the Student Transportation Application. (The Medical form can be downloaded from the Transportation website).		
Safety Vest/Harness: If the student requires a harness/safety vest, “ Safety Vest/Harness Request Form ” must be completed and prescribed by a medical practitioner. (The Safety Vest/Harness Request form can be downloaded from the Transportation website).		
<i>Parent/Guardian must provide the car or booster seat and must leave them on the vehicle for the school year.</i>		
I have received a copy of the Special Needs booklet and am aware of my responsibilities.		
Parent/Guardian Signature: _____ Date: _____		
USE THIS SPACE FOR ANY OTHER INFORMATION YOU FEEL IS PERTINENT TO YOUR CHILD’S TRANSPORTATION:		