

**SPECIAL NEEDS TRANSPORTATION - CHARTER**

- To be completed and signed by parent or guardian (in consultation with school staff)
- Form should accompany the Agreement for Charter Transportation and be remitted either with any applicable fee in full, or a completed Application for Waiver of fees.
- Transportation cannot be guaranteed to commence on the first day of school if completed forms and applicable fee (or Application for Waiver) are not returned prior to June 30.
- The CBE reserves the right to determine the mode of transportation to be provided. This may include but is not limited to charter bus, Handi-Bus, or taxi and is subject to change.

**(PLEASE PRINT)**STUDENT Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent / Guardian Surname(s) \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Mom Wk. \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Wk. \_\_\_\_\_ Dad Cell \_\_\_\_\_

TRANSPORT TO: School \_\_\_\_\_ Program \_\_\_\_\_ Start Date \_\_\_\_\_  
(yyyy/mm/dd)

CBE ID # \_\_\_\_\_

Contract # \_\_\_\_\_

AM PICKUP (If different than Home Address)

PM DROP OFF (If different than Home Address)

Contact Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

MOBILITY INFORMATION manual wheelchair  or electric wheelchair 

Other Aids (walker/cane/crutches) please specify \_\_\_\_\_

MEDICAL INFORMATION - Disabilities, illness, seizures, allergies, etc. 

Please specify \_\_\_\_\_ Medications \_\_\_\_\_

**EMERGENCY CONTACT (not parent/guardian) - MUST BE IN SAME AREA AS STUDENT**

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**TERMS AND CONDITIONS**

The above information and student ID # is required for transportation planning purposes. The personal information contained on this form is collected under the authority of the School Act and of Alberta's Freedom of Information and Protection of Privacy Act for the purposes noted above. If you have any questions about this collection, please contact the Principal of the student's school. In signing this form, I understand that I am giving permission to the Calgary Board of Education (the Board) to share this information with the Transportation service providers. I agree to the Calgary Board of Education providing the school transportation service for the above child, subject to meeting the eligibility criteria established by the Board. The Parent/Guardian hereby promises to pay the applicable transportation fee referred to in this Agreement.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_