



PERSONAL TRANSPORTATION PLAN (PTP)

This form is to be completed annually by the Principal, Student Services Coordinator and the Supervisor, Transportation in consultation with the parents.

School Year: _____ School: _____ Grade: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____

ATTACH STUDENT PHOTO HERE IF AVAILABLE (BUS DRIVER'S COPY ONLY)

Student Number (5-digit Powerschool ID) _____
(find under Powerschool → Demographics → PSC)

Home Address: _____

Home Phone Number: _____

Parent or Legal Guardian Name: _____ Work Number: _____

Parent or Legal Guardian Name: _____ Work Number: _____

Emergency Contact Name: _____ Phone Number: _____

Home Address: _____

Doctor Name & Phone: _____

MEDICAL CERTIFICATES MAY BE REQUESTED (ATTACH TO SCHOOL COPY)

DESCRIPTION OF EXCEPTIONAL NEEDS: (including any special student behaviors or mannerisms to be expected)

DESCRIPTION OF SERVICE:

Can student ride regular bus? Yes No

Students will be required to walk to community stop in their area. Door to door service will be discussed with the Student Services Coordinator and Supervisor, Transportation based on criteria outlined below:

Vest? Yes No Currently has vest? Yes No **if yes SEE APPENDIX A**

Wheelchair? Yes No **if yes SEE APPENDIX B**

This personal information is collected under the authority of The Public Schools Act, the Freedom of Information and Protection of Privacy Act (FIPPA), and the Personal Health Information Act (PHIA), and will be used for the purpose of safe transportation of students. If you have questions on the collection of this information contact the Access and Privacy Officer, SJASD, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.



DROPPING OFF STUDENT AT HOME BUS STOP (check one):

- No Supervision Needed
- Must be someone at the bus stop to receive student – **student must be met at the door of bus.**
 - **Indicate all individuals, and their relationship with the student, who are authorized to receive the student at the bus stop (ID required):**

SPECIAL EMERGENCY PROCEDURES, SPECIAL NOTES, ETC. (as required):

Student has URIS file? Yes No *(if yes, please fill in information below)*

Allergies: Yes No **Epipen:** Yes No **Allergic to:** _____

Asthma: Yes No **Inhaler:** Yes No **Location of Epipen/Inhaler:** _____

Diabetes: Yes No

Seizures: Yes No **If yes, student must be accompanied by an EA on the bus**

When does student require an EA? AM Noon PM

Does student require EA? (other) Yes No

When does student require an EA? AM Noon PM

Explanation of need for an EA:

THE ABOVE HAS BEEN REVIEWED AND APPROVED BY:

Parent or Legal Guardian: _____		
Signature		Date

Principal: _____		
Signature		Date

Student Services Coordinator: _____		
Signature		Date

Supervisor, Transportation: _____		
Signature		Date

Please submit to your Student Services Coordinator no later than April 30th for the following school year. Late submissions may delay the application and risk the student not receiving busing at the beginning of the school year.

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Appendix A – Vest use on School Bus

Student Name: _____

Student School: _____

Date and description of observation without a vest of student on bus with school MTS staff:

1. _____
2. _____
3. _____

Reason for request:

Currently has a vest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Current size of vest;	xsmall	small	medium	large	xlarge
Size needed for next school year;	xsmall	small	medium	large	xlarge
<u>Sizing Chart</u>					
Small	Waist Size Range 22" to 28"				
Medium	Waist Size Range 30" to 36" Vest measured by Occupational Therapist <input type="checkbox"/>				
Large	Waist Size Range 38" to 44" Guardian Approved Use of Vest <input type="checkbox"/>				

PLEASE NOTE THAT ALL VESTS ARE TO BE MEASURED OVER EVERYDAY CLOTHES. A STUDENT USING A VEST IS TO BE FITTED UNDER ALL JACKETS AND THE VESTS ARE TO BE WORN UNDER ALL JACKETS.

A student requiring a vest will be referred to the Occupational Therapist (OT) in your school and a copy of this appendix will be shared.

Confirmation OT approved*: _____

*If student is equipped with a vest an EA will be required to ride the bus with the student.

Approved by Student Services Coordinator: _____ Date: _____

Approved by Supervisor, TRansportation: _____ Date: _____



Appendix B – Wheelchair use on School Bus

Student Name: _____

Student School: _____

Description of needs:

Make & Model of Wheelchair: _____

Wheelchairs must meet the WC19 standards. The transportation goal for every student should be to use the most inclusive environment possible that enables the student to safely function at a maximum of their physical and mental ability.

Guardian Approved Use of Wheelchair

Wheelchair Authorized by Occupational Therapist: _____

PLEASE NOTE THAT EDUCATIONAL ASSISTANTS ARE NOT AUTHORIZED TO HELP WITH WHEELCHAIR LOADING AND UNLOADING. HOWEVER, THEY CAN HELP WITH OPENING AND CLOSING THE OUTSIDE DOOR AS WELL AS WHEELING ON AND OFF THE LIFT. PLEASE MAKE SURE YOU HAVE THIS DISCUSSION WITH THE ASSIGNED EDUCATIONAL ASSISTANT.



APPENDIX C – TAXI SERVICE

Does the student require taxi service? Yes No

Does the student require Wheelchair Access? Yes No

Student Services Coordinator Permission Granted Yes No

Authorization Of Specialized Transportation (Taxi Service):

Please supply the following information:

Student Name: _____

Student School: _____

Student AM Pickup Address: _____

Student AM Pickup Time: _____

EA in vehicle with student: Yes No

EA AM Pickup Address: _____

EA AM Pickup Time: _____

Student PM Pickup Address: _____

Student PM Pickup time: _____

Student Drop off Address: _____

EA Pickup Address: _____

EA Pickup Time: _____

EA Drop off Address: _____

**DIRECTOR, INCLUSION SUPPORT SERVICES AND ACCESSIBILITY ONLY:
Authorization of Specialized Transportation (Taxi Service)**

Signature of Director

Date