



**STUDENT TRANSPORTATION SERVICES OF WATERLOO REGION
(STSWR), INC**
540 Bingemans Centre Dr
Unit 602
Kitchener, ON
N2B 3X9

Request for Special Approval for Transportation

Name of School: _____	Grade: _____
Name: _____	Parents Name _____
Age: _____	Home Phone: _____
Address: _____	
Alternate pick-up and drop-off if different from home address: _____	

Please specify medical condition/type of Injury

Communications	<input type="checkbox"/> is completely verbal <input type="checkbox"/> is non verbal <input type="checkbox"/> understands simple directions	<input type="checkbox"/> is partially verbal <input type="checkbox"/> carries an identification card
Mobility	<input type="checkbox"/> can enter/exit vehicle unattended <input type="checkbox"/> can sit unattended <input type="checkbox"/> requires physical aids <input type="checkbox"/> requires a seat with a seat belt	<input type="checkbox"/> needs to be lifted into seat <input type="checkbox"/> requires a bus buddy at all times <input type="checkbox"/> requires wheel chair van
Behavioural	<input type="checkbox"/> may wander <input type="checkbox"/> may be aggressive <input type="checkbox"/> may become disoriented <input type="checkbox"/> may remove clothing	<input type="checkbox"/> may run away <input type="checkbox"/> may be self-injurious <input type="checkbox"/> may undo seatbelt
Medical	<input type="checkbox"/> allergic reactions <input type="checkbox"/> seizures <input type="checkbox"/> heart problems <input type="checkbox"/> hearing difficulty <input type="checkbox"/> is on medication	<input type="checkbox"/> diabetic reactions <input type="checkbox"/> breathing problems <input type="checkbox"/> vision difficulty <input type="checkbox"/> muscular difficulty
Other	<input type="checkbox"/> must be met by an adult/responsible caregiver <input type="checkbox"/> can walk independently from his/her stop <input type="checkbox"/> will be accompanied by an adult	

Any additional information: _____

If injury is due to an accident (ie. fracture) did incident occur during school activities: Yes No

Documentation (to be attached): Medical _____ Other _____
Suggested mode of transportation: _____
Duration From: _____ TO: _____
Student Schedule: _____ A.M. _____ P.M. _____ All Day
Date: _____ Principal's Signature _____

Approved

Not Approved

Date: _____

Board Approved Signature: _____