TURTLE MOUNTAIN SCHOOL DIVISION

PERSONAL TRANSPORTATION PLAN

SECTION A – PERSONAL INFORMATION (TO BE COMPLETED BY SCHOOL AND PARENT)				
School Year:	School:	Grade/	Grade/Program:	
Name:		Residence Pho	Residence Phone:	
Address:		Postal Code:		
Parent(s)/Legal Guard	lian(s):			
Mother's Work:	•	Father's Work:		
Emergency Contact:_		Address:Phone:		
		RAITS, DIAGNOSIS, AND/OR PHYSICAL/M	ENTAL DIFFICULTIES)	
MEDICAL CONDITION	ON:			
HEALTH PLAN ATT	ACHED YES NO	BEHAVIOR PLAN	YES NO (please attach)	
	AL INSTRUCTIONS FOR E			
SECTION D – SPECL	AL BUS EQUIPMENT/PERSO	DNNEL		
Type of vehicle: Wheelch		Wheelchair Lift:	V-Vest:	
Personnel Requirement	nt: Home:	Name:		
	School:	Name:		
	Bus:	Name:		
Mobility of Child:	Assistance Boarding the Bus			
<u>-</u>	Assistance Entering the School			

SECTION D – SPECIAL BUS EQUIPMENT/PERSONNEL (CONT'D)						
Child Uses:	Wheelchair	Elbow Crutches	Child Seat			
	Walker	Lap Belts	Canes			
	Other	Braces only				
Special Instruc	ctions:					
SECTION E – FORM REVIEWED AND APPROVED						
	SIGNATURE	<u>8</u>	<u>Dates</u>			
Principal:						
Parent or Lega	l Guardian					
Student Servic	es Coordinator		<u> </u>			
SECTION F-TRANSPORTATION ARRANGEMENTS (TO BE COMPLETED BY TRANSPORTATION DEPARTMENT)						
Bus #:	Bus Driver	Name:				
Pick Up Time:	A.M	Drop Off Time: P.M	Л			
Effective Date	Service is to begin/terminate:					
Supervisor of	Fransportation					

Page 2 of 2 6 - M