



SECTION F - TRANSPORTATION
STUDENT TRANSPORTATION REGISTRATION

1. The Assistant Transportation Coordinator (Coordinator of Operations), under the general direction of the Secretary-Treasurer, shall be responsible for implementation of student transportation within Board policy and these procedures.
2. All requests for transportation services shall be in writing on the prescribed form, attached as [Appendix A](#), to the Assistant Transportation Coordinator (Coordinator of Operations). In requesting transportation, all requested information must be provided to ensure the approval timelines can be adhered to.
3. A new Student Transportation Registration Form will need to be completed when a student moves to a different school or catchment area.
4. Upon receipt of all required information, the Transportation Department staff will process the request as quickly as possible, recognizing that the complexities of a request may lengthen the processing time.
5. Upon determining the eligibility of the request within this procedure and procedure #FS30 – Student Transportation Services, the transportation department staff will make all required arrangements for transportation services.
6. Upon approval of the request, notification will be given to the parent/guardian via the bus driver. Transportation services will not be provided prior to the approval and notification process.

Cross Reference: MVSD Procedure FS30 – Student Transportation Services			
Board Informed: Dec. 12, 2018	Procedure Review Date:	Procedure Revision Date: Dec. 10, 2018	Page 1 of 1



Mountain View School Division – Administrative Procedures

STUDENT TRANSPORTATION REGISTRATION
APPENDIX A

Number
FS10.A

STUDENT TRANSPORTATION REGISTRATION FORM
TO BE COMPLETED BY STUDENTS ENROLLED IN MOUNTAIN VIEW SCHOOL DIVISION

PARENTS OR GUARDIANS - Please complete this form and return to your child's school or the Mountain View School Division Board Office. It is important that the form is completed in full and returned promptly. If the student is eligible you will be contacted by divisional staff to indicate the specific information regarding transportation services for the upcoming school year.

STUDENT INFORMATION

NAME (Surname) (Given Name)
REGISTERED School Grade (current)
Home Phone Number Date of Birth
HOME ADDRESS - PICK UP ADDRESS (legal description or street address only)
Example: NW-8-24-18
REQUESTED PICK UP / DROP OFF ADDRESS (legal description or street address only)
Mailing Address (including town, province, postal code)
Guardian's Name (Surname) (Given Name) Work Phone No. Alt. Phone No.
Guardian's Name (Surname) (Given Name) Work Phone No. Alt. Phone No.

SIBLING INFORMATION

Table with 4 columns: Brothers and Sisters in order of age, M/F, Date of Birth (mm/dd/yy), School/Grade Attending

HEALTH INFORMATION

Medical PHIN Number (9 digit) Family Doctor
Doctor's Phone No.

Does your child have any health care needs that the bus driver needs to be aware of? (e.g.: allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) Parents should list all types of medical history of their child to enable the School Division to deal with day-to-day emergencies.

No Yes If yes, please ensure that a URIS Application Form has been completed and submitted to the school enrolled in.

Non-Life Threatening Allergy Describe:
Medication Does the child use any medications? Yes No
Please list:

OFFICE USE ONLY
BUS #
Transfer
Initials

Are there any other conditions the bus driver should be aware of?

PARENT/GUARDIAN SIGNATURE

I am aware that the information on this form will be used to determine eligibility for transportation services if required, as well as for determining funding criteria as determined by Manitoba Education & Training.

I request that my child receive transportation services New Application Effective Date:

Parent/Guardian Signature Date