

**Annapolis Valley Regional School Board  
REQUEST FOR SPECIAL TRANSPORTATION NEEDS**

**Student Information:**

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Address (Civic) \_\_\_\_\_ Address (Mailing - if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal C. \_\_\_\_\_ Postal C. \_\_\_\_\_

Phone (H): \_\_\_\_\_, (W): \_\_\_\_\_ Legal Guardian(s): \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialized Equipment Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills/Training Needed by Person Transporting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date service should begin: \_\_\_\_\_ Date service should end: \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Principal Signature