

**Annapolis Valley Regional School Board
SPECIAL TRANSPORTATION PLAN**

Date: _____

For School Year: _____

Student Information:

Name: _____ DOB: _____

School: _____ Homeroom Teacher: _____

Pick-up Address (Civic):

Return Delivery Address (if different):

Postal C. _____

Postal C. _____

Legal Guardian(s): _____

Phone (H): _____ (W): _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

School Access Door: _____

Bus/Taxi Assigned: _____ Driver Assigned: _____

Additional Staff Assigned: _____

Duties of Additional Staff: _____

Home Pick-up Time (a.m.): _____ School Arrival Time (a.m.): _____

School Departure Time (p.m.): _____ Home Arrival Time (p.m.): _____

Specialized Equipment Provided: _____

Special Training Provided: _____

Description of Transportation Route: _____

Possible Emergencies:

Response Required:

Signature of Coordinator of Transportation