Students with Disabilities Transport Program: New Service Request



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| **COVER SHEET** | | | | | | | |
| School |  | | | Phone | |  | |
| Principal |  | | | Email | |  | |
| Address |  | | | | | | |
| Is the school’s student travel database up to date? | | Yes |  | | No | | (update the school’s travel database) |
| **Only schools with up-to-date travel databases will have their new service request applications considered.** | | | | | | | |

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| **EXISTING SERVICE INFORMATION** | | | | | | | | | |
| Contract  number | Current service  provider | Route | Vehicle | Age | W/C capacity  occupied | W/C  capacity  spare | Current  seating  capacity  occupied | Current  seating  capacity  spare | Current  run time |
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| **EVALUATION QUESTIONS** | | | | | | |
| Is there appropriate capacity on an existing service? | Seat | Yes | No | Wheelchair | Yes | No |
| Is there time capacity on an existing service? | Yes |  | | No |  | |
| Has travel education for new and existing students been considered? | Yes |  | | No |  | |
| Are the students on the bus services eligible for transport assistance? | Yes |  | | No |  | |

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| **PROPOSED NEW SERVICE REQUEST** |
| NB - Please include; existing route maps, proposed route map (if known), all student details including application to travel forms and students suitability/ accessibility to independent Travel, School Bus Program, Public Transport and Conveyance Allowance. |

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| Principal’s signature |  | Date |  |