



# Fort La Bosse School Division

523 Ninth Avenue South – P.O. Box 1420, Virden, MB R0M 2C0  
Telephone: (204) 748-2692 Fax: (204) 748-2436  
www.flbsd.mb.ca - Email: flbsd@flbsd.mb.ca

## Personal Transportation Plan

**To be completed for all students who, by reason of a serious physical, medical or intellectual disability, have special transportation requirements.**

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(month/day/year)

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Disability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding Level II \_\_\_\_\_ III \_\_\_\_\_

Description of Special Transportation Needs  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special instructions for emergency situations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bus Training Program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Assistance Required  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Driver Training Required \_\_\_\_\_ Completed \_\_\_\_\_

Form Reviewed and Approved

\_\_\_\_\_  
Parent/Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Principal Date \_\_\_\_\_

\_\_\_\_\_  
Coordinator of Student Services Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor of Operations Date \_\_\_\_\_

- 1. Form to be completed by school and Parents and sent to Coordinator of Student Services.**
- 2. Coordinator of Student Services to sign and forward to the Supervisor of Operations.**
- 3. Supervisor of Operations to sign and keep original then send copy back to school and Coordinator of Student Services.**