

## Request for Reconsideration of Transportation Arrangements

Form #: STS-FRM-031.02 Created: May 2018 Last Revised: January 2024 Last Reviewed: January 2024 Page 1 of 2

This form is to be used for an appeal process. A parent/guardian must go through the initial stages of stating their complaint/concern through correspondence with STSTB staff members. If the parent/guardian is not satisfied with the response from staff members, an appeal in writing to the STSTB Consortium Manager is the next step.

By submitting this completed form, the parent/guardian acknowledges that they have read and understand all Transportation Policies, Practices and Procedures relevant to their complaint/concern available at www.ststb.ca/en/about/policies-procedures and feels that their student's transportation arrangements are not consistent with these policies, practices and procedures.

The Education Act places no mandatory responsibility for School Boards to provide transportation services. Accordingly, it is understood that transportation is a privilege, not a right.  The minimum distances for eligibility for transportation are:  K1/K2: 800 meters; Grades 1-8: 1600 meters; Grades 9 -12: 3200 meters walk distance betwee the transportation address and the school and within board designated catchment boundaries.  Centralized group bus stops are utilized in urban and developed rural areas with the maximum walk distance to stop being:  K1/K2: 400 meters; Grades 1-8: 1600 meters; Grades 9-12: 3200 meters.  It is my responsibility to ensure the safety of my child at the bus stops.  It is my responsibility to walk with young students to and from bus stops.  There is no requirement to provide door to door transportation for students.  Section 2 - Parent/Guardian Contact Information  Parent Guardian FIRST Name  Parent Guardian LAST Name  Parent Guardian LAST Name  Parent Guardian LAST Name  Daytime PHONE # (preferred)  Daytime PHONE # - alternate (or preferred Method of Correspondence (Check one and provide contact information):  Email Address:  Fax #:  Section 3 - Student Information  Student(s) FIRST Name  Grade:	Section 1 - As the pa	rent/guardian, I	understand tha	t (check boxes belov	<b>w</b> ):
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Parent Guardian FIRST Name  Parent Guardian LAST Name  Parent Guardian LAST Name  Daytime PHONE # (preferred)  Daytime PHONE # - alternate (or preferred Method of Correspondence (Check one and provide contact information):  Fax #:  Section 3 - Student Information  Student(s) FIRST Name  Student(s) Primary Address  Student(s) Primary Address	There is no requ	irement to provi	de door to door	transportation for stu	dents.
Preferred Method of Correspondence (Check one and provide contact information):  Mailing Address:  Email Address:  Fax #:  Section 3 - Student Information  Student(s) FIRST Name  Student(s) LAST Name  Student(s) Primary Address	<u>'</u>	uardian Contact I	nformation		
Mailing Address:  Email Address:  Fax #:  Section 3 - Student Information  Student(s) FIRST Name  Student(s) Primary Address	Parent Guardian FIRST Name	Parent Guardian LAST Name		Daytime PHONE # (preferred)	Daytime PHONE # - alternate (optional)
Section 3 - Student Information  Student(s) FIRST Name	Preferred Method of Cor	respondence (Chec	k one and provid	le contact information):	
Student(s) FIRST Name Student(s) LAST Name Student(s) Primary Address	Mailing Address:		Email Address	s:	Fax #:
	Section 3 - Student I	nformation			
School Attending: Grade:	Student(s) FIRST Name	Student(s) LAST Name		Student(s) Primary Address	
	School Attending:	,			Grade:

On the next page, please provide a detailed description of the situation giving rise to this request for reconsideration of transportation arrangements for your child and the reasons why you feel STSTB has (1) not applied transportation policies, practices or procedures appropriately or (2) why an exception to a transportation policy, practice or procedure is warranted. Keep in mind that exceptions are only considered for rare, unusual or extraordinary circumstances that may not have been foreseen when establishing the policy, practice or procedure.

If you require additional space, please attached additional pages to the end of this form.

Student Safety is Our Number One Priority.



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Parent/Guardian Name:					
Section 4 – Reason for Request:					

Once this form has been received by STSTB, a written decision from the Consortium Manager will be sent within 10 working days, however during peak busy times of the year (ie. September), response time may be longer. If you do not agree with the decision of the Consortium Manager, you may appeal the decision directly to School Board Senior Administration. Details for the next step in this process will be included with the Manager's written decision.

Mail completed form to:

Consortium Manager Student Transportation Services of Thunder Bay 2001-715 Hewitson St Thunder Bay, ON P7B 6B5

The personal information you have provided on this form and any other correspondence relating to transportation is collected by Student Transportation Services of Thunder Bay (STSTB) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the Consortium Manager of STSTB, 715 Hewitson St, Thunder Bay, 807-625-1660.

or Email: info@ststb.ca

Fax: (807) 622-5818