

	Request for Reconsideration of Transportation Arrangements	Form #: STS-FRM-031.01 Created: May 2018 Last Revised: January 2020 Last Reviewed: January 2021 Page 1 of 2
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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.

Section 1 - As the parent/guardian, I understand that (check boxes below):

- 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: 400 meters; Grades 1-3: 800 meters; Grades 4 -12: 1600 meters walk distance between 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: 160 meters; Grades 1-3: 400 meters; Grades 4-12: 800 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	Daytime PHONE # (preferred)	Daytime PHONE # - alternate (optional)
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Preferred Method of Correspondence (Check one and provide contact information):

<input type="checkbox"/> Mailing Address:	<input type="checkbox"/> Email Address:	<input type="checkbox"/> Fax #:
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Section 3 - Student Information

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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