



Head Office

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REQUEST FOR TRANSPORTATION
TO/FROM AN ALTERNATE RESIDENCE – Appendix “A”
(complete and return to School Principal)

TO BE COMPLETED BY PARENT(S):

School of Attendance: _____

Student Information:

Name _____ Grade _____

Parent/Guardian Information:

Name: _____
911 Emergency Location (# and Road/Line) _____ Municipality _____
Full Mailing Address (including Postal Code) _____
_____ Telephone _____

Current Transportation Arrangements:

[] Not eligible for transportation
[] Receives transportation via Carrier _____ Route _____ Bus # _____

I/We hereby request the consideration of transportation [] each morning only [] each afternoon only [] both morning and afternoon daily

Alternate Location:

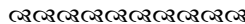
Name: _____
911 Emergency Location (# and Road/Line) _____ Municipality _____
Full Mailing Address (including Postal Code) _____
_____ Telephone _____

REQUEST FOR TRANSPORTATION TO/FROM AN ALTERNATE RESIDENCE (3F:6) states: “In accommodating requests of this nature, it is understood alternate arrangements should be consistent both morning and afternoon each day and that the Board is unable to:

- a) Increase the size of the vehicle currently in use, alter existing routes or add new stops in urban areas,
b) Provide service for personal activities that do not form part of the school curriculum,
c) Provide transportation outside of the school attendance boundary where the child is registered, and
d) Use two (2) different carriers in the provision of regular and alternate transportation services.

REASONS FOR CONSIDERATION FOR EXEMPTION FROM POLICY (to be completed by Parents/Guardians)

Signature of Parent/Guardian _____ Date: _____



PRINCIPAL OF HOME SCHOOL

Date: _____ Initials: _____
Additional Comments: _____

TRANSPORTATION MANAGER

Date: _____ Initials: _____
[] Request Approved
Carrier Info: _____
Start Date: _____
Additional Comments: _____

[] Request Denied
Additional Comments: _____