



REQUEST FOR TRANSPORTATION  
TO/FROM AN ALTERNATE RESIDENCE – Appendix “A”

62 Chalk Street North  
Seaforth, ON N0K 1W0  
Office: 519-527-0670  
1-888-871-7722  
Fax: 519-527-0289  
Email: [info@ourschoolbuses.ca](mailto:info@ourschoolbuses.ca)

TO BE COMPLETED BY PARENT(S) and RETURNED TO PRINCIPAL

School of Attendance: \_\_\_\_\_ School Year: \_\_\_\_\_

NEW REQUEST       RENEWAL       DELETE EXISTING ALTERNATE ARRANGEMENTS

**Student Information:**

Name \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_  
911 Emergency Location (# and Road/Line) or Street Address: \_\_\_\_\_  
Municipality \_\_\_\_\_ (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 AM only       each PM only       both AM and PM daily       alternate weeks (joint custody)       other (see reasons below)

**Alternate Location Information:**

Name: \_\_\_\_\_  
911 Emergency Location (# and Road/Line) or Street Address: \_\_\_\_\_  
Municipality \_\_\_\_\_ (Postal Code) \_\_\_\_\_ Telephone \_\_\_\_\_  
Effective Date \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PRINCIPAL OF HOME SCHOOL**  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**TRANSPORTATION MANAGER**  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Additional Comments:

Request Approved       Request Denied

Start Date: \_\_\_\_\_

Additional Comments: