



Request for Transportation To/From an Alternate Residence Appendix "A"

Complete and Return to the School Principal

62 Chalk Street North
Seaforth, ON N0K 1W0
Office: 519-527-0670
1-888-871-7722
Fax: 519-527-0289
Email: hpsts@ed.amdsb.ca

School of Attendance: _____ School Year: _____

New Request Renewal Joint Custody Delete Existing Alternate Arrangements

Student Information: Name _____ Grade _____

Student Home Information: (as registered at the school)

Name: _____

911 Emergency Location (# and Road/Line) or Street Address: _____

Municipality: _____ Telephone: _____

Maximum 2 Stop Locations per Custodial Parent/Family (Home & Alternate OR 2 Alternates).

A – Home (As above) **OR**

A – Alternate Location Information (Below):

Caregiver Name: _____

911 Emergency Location (# and Road/Line) or Street Address: _____

Municipality: _____ Telephone: _____

Effective Date: _____ Duration: end of school year other: _____

B – Alternate Location Information (Below):

Caregiver Name: _____

911 Emergency Location (# and Road/Line) or Street Address: _____

Municipality: _____ Telephone: _____

Effective Date: _____ Duration: end of school year other: _____

Please fill in each box with an "A" or a "B" for the consistent transportation schedule that you are requesting.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: As Changes may take up to 5 business days to complete (RE: verify safety of stop location, timing issues, room on bus etc.) please complete this request at least 5 business days before effective date. See Transportation Procedure A-3

Reason for Request and Additional Information – As required (to be completed by Parents/Guardians)

Please consider the age or your child and their ability to remember the schedule that you are requesting. If your child is a Junior Kindergarten or Senior Kindergarten student and is part of the Green Tag program, please remember to change the route number in the Green Tag each day as required and please meet them at the stop at the end of the day.

I understand that if my schedule does not fit within the above grid (which can be entered into the HPSTS BusPlanner software and provided to the Bus Companies) that I accept the risks that my child may get off at the wrong designated stop.

Signature of Parent/Guardian _____ Date: _____

Principal of Home School

Date: _____ Principal Signature: _____

HPSTS Comments:

Transportation Manager

Date: _____ Initials: _____

Request Approved Request Denied Other

Start Date: _____

Updated info can also be found at: <https://geoquery.hpsts.ca>

Revised March 2017