



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
 Email: hpsts@ed.amdsb.ca

Students will be permitted to ride only 1 bus (exceptions will be made for students with 2 homes - Joint Custody)

School of Attendance: _____ **School Year:** _____

New Request
 Renewal
 Joint Custody
 Delete Existing Alternate Arrangements

Student Information: Name _____ Grade _____

A - Student Home Information: (as registered at the school)

Parent/Guardian: _____
 911 Emergency Location (# and Road/Line) or Street Address: _____
 Municipality: _____ Telephone: _____

1 – 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: _____

2 – Home 2 – Joint Custody:

Parent/Guardian: _____
 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", "1" or "2" 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: Changes may take up to 5 business days

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

Please consider the age or your child and their ability to remember the schedule that you are requesting.

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: ourschoolbuses.ca

Revised May 2021

Personal information on this form is collected under the authority of the Education Act and will be used for transportation purposes only affecting the student. Questions about this collection should be directed to the General Manager of Transportation, Huron Perth Student Transportation Services; 62 Chalk Street North, Seaforth, N0K 1W0 Telephone: (519) 527-0111 or (800) 592-5437.