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

Maximum 2 Stop Locations per Custodial Parent/Family

A – Home (As above) ☐ **AND Alternate 1 OR Alternate 1 and Alternate 2 Only**

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 – 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", "1" or "2" for the consistent transportation schedule that you are requesting.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up	☐	☐	☐	☐	☐
Drop Off	☐	☐	☐	☐	☐

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 – **MUST** 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 April 2018**

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.