



**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: _____

A - 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**

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	<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.

Name of Person Completing Form: _____ Date: _____

Principal of Home School

Date: _____ Principal: _____

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 2020

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.