



ALTERNATE COURTESY BUSING REQUEST

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURNED TO THE SCHOOL FOR PROCESSING

Where bus routes have been established and there is available space on a bus, students who are entitled to busing and who wish to travel to an alternate location other than their home residence, may apply for permission.

Courtesy Transportation is subject to the following conditions:

- Until formerly notified only eligible students will be permitted to ride the bus.
- The School Principal receives, and by signing the application form, supports the request and forwards the application to the Transportation Department (Driver/Transportation Staff).
- Students receiving approval must access the bus at an existing bus stop location. No route changes will be made and NO NEW STOPS WILL BE ADDED.
- Stop and Route must be located inside the school of attendance of the student.
- Permission to ride the bus may be withdrawn at ANY time if the seat is required by an eligible rider.
- Riding privileges will be withdrawn for the remainder of the school year for acts of misconduct.
- The *applications* and approvals are for the current school year only.
- No additional cost will be incurred by the District.

SCHOOL NAME:

If known, provide the information below, otherwise Courtesy seat allocation will be based on closest stop to alternate address provided:

AM ROUTE # _____
 PM ROUTE # _____
 BUS STOP LOCATION _____

STUDENT NAME(S) – please print	GRADE	Contact #'s
		Home:
		Work:
		Cell:
HOME OR ALTERNATE TRANSPORTATION ADDRESS:		Email:

Parent/guardian will be notified of the outcome of the review process by email or phone by October 31st.

I understand and agree to the conditions for Courtesy Transportation and understand I am solely responsible for my child's safety and conduct to/from and at the bus stop. In addition, I understand the school Principal or Anglophone School District South Student Transportation Services has the right to remove my child from courtesy transportation upon 24 hours' notice. Should this occur, I will assume all responsibility to ensure my child's safe arrival and departure to/from school.

PARENT/GUARDIAN SIGNATURE

PRINCIPAL SIGNATURE (OR DESIGNATE) (Required)
DATE

For ASD-S Office Use Only	
AM ROUTE	PM ROUTE