



## Anglophone School District South

### REQUEST FOR COURTESY SEATING TO AN ALTERNATE ADDRESS

Please return completed form to your school

Copy To:

Teacher

Parent

Bus Driver AM

\_\_\_\_\_

Bus Driver PM

\_\_\_\_\_

Students **MAY** be permitted to travel on a bus to one alternate address subject to the following conditions:

- If the service requested occurs on a consistent schedule (i.e. daily or every Monday)
- If the request can be accommodated on an existing route and stop
- If the bus can accommodate extra passengers
- If located within the assigned school zone

**Please note** this is a courtesy and services may be withdrawn if conditions change such as route or load levels

Student's Name (Please PRINT Information)	School Year 2018-2019
School	Grade/Homeroom
Parent Name (s)	Phone Numbers (s)
Student's <b>Home</b> Street Number and Name	Civic# _____ Street Name/Route: _____
Municipality	_____, NB
Postal Code	_____

#### REQUESTED ALTERNATE ADDRESS

Street Number and Name	Civic# _____ Street Name/Route: _____	
Municipality	_____, NB	
Postal Code	_____	
Contact's Name or Name of Daycare		Phone Number (s)
Schedule (Date(s)/Days)		<input type="checkbox"/> Pick Up <input type="checkbox"/> Drop Off <input type="checkbox"/> Both
Effective Date		

BUS NUMBER	STOP LOCATION	TIME (S)
Morning _____		
Afternoon _____		

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal's/Designate's Signature \_\_\_\_\_ Date: \_\_\_\_\_