



**ANGLOPHONE SOUTH SCHOOL DISTRICT
REQUEST FOR BUSING TO AN ALTERNATE ADDRESS**

Copy To: <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Bus Driver
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Please return completed form to your school.

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
- Is 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Please note this is a courtesy and services may be withdrawn if conditions change such as route or load levels.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 2015-2016
School		Grade/Homeroom
Parent Name (s)		Phone Numbers (s)
Student's Home 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: _____