



Campobello Island Consolidated School



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Dear Parent/Guardian;

Assistant Transportation Manager David Breault has notified all schools in the ASD-S that any parent requiring an alternate stop for their child must have a "Request For Student Conveyance To an Alternative Location" form submitted if they are not being dropped at their home address. Other districts have already implemented this procedure and is now mandatory in our district also. It is important that District Officials know who is on which buses and when so that in case of emergency we are contacting the correct parents.

Principals, Vice-Principals, Administrative Assistants, Teachers, Parents or Bus Drivers are no longer permitted to issue a note for your child to be sent anywhere other than their home address or at the address of their 1 alternate choice. Please fill the form located on the back of this notice and return as soon as possible. Acceptance of drop off notes will end on Friday October 3 and home drops will begin on Monday October 6.

Thank you for understanding and respecting the safety of all involved.

Cultivating the future

Campobello School is ...committed to educate, motivate, and empower all students to become lifelong productive members of a global society.



Anglophone South School District REQUEST FOR STUDENT CONVEYANCE TO AN ALTERNATIVE LOCATION

Parents/Guardians may request to have their child/children delivered to an alternative address. Students **MAY** be permitted to travel to an alternative address subject to the following conditions:

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

Please note this is a courtesy and services may be withdrawn if conditions change such as route or load levels.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)		Date
Student's Home Address		
School		Grade
Parent/Guardian(s) Name(s)		
Phone Number(s)		
ALTERNATIVE CONVEYANCE REQUEST		
Student's Complete Alternative Address	Civic #: _____ Street Name/Route: _____ Municipality: _____, NB Postal Code: _____	
Contact's Name		Phone Number
Dates: Required/ Frequency		<input type="checkbox"/> Pick Up <input type="checkbox"/> Drop Off <input type="checkbox"/> Both
Comments:		

BUS NUMBER	STOP LOCATION	TIME

Parent Signature _____ **Date:** _____

Principal/Designate Signature _____ **Date:** _____

DISTRICT OFFICE USE ONLY-----DISTRICT OFFICE USE ONLY

Approved Denied