



Huron-Perth Catholic District School Board

Mail PO Box 70 Dublin ON N0K 1E0 Phone 519 345 2440 Fax 519 345 2449 Website www.hpcdsb.edu.on.ca

REQUEST FOR TRANSPORTATION TO/FROM AN ALTERNATE RESIDENCE – Appendix "A" (complete and return to School Principal)

TO BE COMPLETED BY PARENT(S):

School of Attendance: _____

Student Information:

Name _____ Grade _____

Parent/Guardian Information:

Name: _____
911 Emergency Location (# and Road/Line) _____ Municipality _____
Full Mailing Address (including Postal Code) _____
_____ Telephone _____

Current Transportation Arrangements:

Not eligible for transportation
 Receives transportation via Carrier _____ Route _____ Bus # _____

I/We hereby request the consideration of transportation each morning only each afternoon only both morning and afternoon daily

Alternate Location: Name: _____
911 Emergency Location (# and Road/Line) _____ Municipality _____
Full Mailing Address (including Postal Code) _____
_____ Telephone _____

REQUEST FOR TRANSPORTATION TO/FROM AN ALTERNATE RESIDENCE (3F:6) states: "In accommodating requests of this nature, it is understood alternate arrangements should be consistent both morning and afternoon each day and that the Board is unable to:

- a) Increase the size of the vehicle currently in use, alter existing routes or add new stops in urban areas,
- b) Provide service for personal activities that do not form part of the school curriculum,
- c) Provide transportation outside of the school attendance boundary where the child is registered, and
- d) Use two (2) different carriers in the provision of regular and alternate transportation services.

REASONS FOR CONSIDERATION FOR EXEMPTION FROM POLICY (to be completed by Parents/Guardians)

Signature of Parent/Guardian _____ Date: _____



PRINCIPAL OF HOME SCHOOL

Date: _____ Initials: _____
Additional Comments:

TRANSPORTATION MANAGER

Date: _____ Initials: _____
 Request Approved
Carrier Info: _____
Start Date: _____
Additional Comments:

Request Denied
Additional Comments: