

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
- 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Please note this is a courtesy and services may be withdrawn if conditions change such as route or load levels.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's Signature _____ **Date:** _____

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

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

Approved Denied