

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Please note this is a courtesy and services may be withdrawn if conditions change such as route or load levels.

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| Student's Name (Please PRINT Information) | | School Year  **2020-21** |
| School  **WESTFIELD SCHOOL** | | Grade/Homeroom |
| Parent Name(s) | | Phone Number(s) |
| Student's Home  Street Number and Name  Municipality  Postal Code | Civic# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Name/Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , NB  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **REQUESTED ALTERNATE ADDRESS** | | |
| Street Number and Name  Municipality  Postal Code | Civic# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Name/Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , NB  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Contact's Name or  Name of Daycare |  | Phone Number(s) |
| Schedule (Date(s)/Days) |  | Pick Up  Drop Off  Both |
| Effective Date |  |
| **BUS NUMBER** | **STOP LOCATION** | **TIME** |
| Morning  Afternoon |  |  |

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

Principal's/

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