

 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 Please note this is a courtesy and services may be withdrawn if conditions change such as route or load levels.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 UpDrop OffBoth |
|  Effective Date |  |
| **BUS NUMBER** | **STOP LOCATION** | **TIME** |
|  Morning Afternoon |  |  |

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

 Principal's/

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