



ALTERNATE TRANSPORTATION REQUEST FORM

In order to be considered, the parent/guardian must:

- *Complete this form in its entirety; it must be approved by the transportation department prior to receiving transportation.*
- *Forward your signed form to the principal of your school for his/her authorization.*

Date: _____

Student Name: _____ Grade: _____ School: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

HOME TO SCHOOL TRANSPORTATION

Will your child ride the bus **to school** from home? Yes _____ No _____

If no, give name of responsible party at alternate location: _____

Address of alternate location: _____

Phone number at alternate location: _____

SCHOOL TO HOME TRANSPORTATION

Will your child ride the bus **from school** to home? Yes _____ No _____

If no, give name of responsible party at alternate location: _____

Address of alternate location: _____

Phone number at alternate location: _____

Parent/Guardian Certification:

Alternate Transportation is governed by Service de transport de Wellington - Dufferin Student Transportation Services Policies and Procedures as posted on your School Boards' website.

By signing below and submitting this request for alternate transportation, I certify that I have read and understand the applicable rules, and accept my responsibilities as required therein.

 Parent/Guardian

 Date

For Office Use:

The above request has been: _____ approved _____ denied

 General Manager of Transportation

 Date

Distribution:

Parent/Guardian

School

Transportation Technician

file