



# TRANSPORTATION REQUEST FOR JOINT CUSTODY

NIPISSING PARRY SOUND STUDENT TRANSPORTATION SERVICES – GUIDELINE EL-004

Inquiry DOES NOT necessarily approve transportation. Approval is based on the following requirements:

- 1) Transportation (if available) must follow Monday to Friday at each address (no mid-week changes);
- 2) Eligibility is determined by Board policy;
- 3) Students will be required to meet the bus at an existing bus stop

Student(s) Name	Grade	School	OEN

***COMPLETE BOTH SECTIONS for PARENT #1 and #2***

<b>Parent #1:</b>	<b>Parent #2:</b>
Starting Week of:	Starting Week of:
Address:	Address:
Phone Numbers:	Phone Numbers:
<b>AM PICKUP ADDRESS for Parent #1:</b> <hr/> Is AM Pickup Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required	<b>AM PICKUP ADDRESS for Parent #2:</b> <hr/> Is AM Pickup Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required
<b>PM DROPOFF ADDRESS for Parent #1:</b> <hr/> Is PM Dropoff Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required	<b>PM DROPOFF ADDRESS for Parent #2:</b> <hr/> Is PM Dropoff Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required

SIGNATURE OF SCHOOL PRINCIPAL:	DATE:
--------------------------------	-------

\*Approval by school principal is required for reasons of safety and to ensure that the schedule is followed.