



## TRANSPORTATION CONSIDERATION FOR SECONDARY STUDENTS REQUEST

Request is made for transportation after school to an alternate location for work/academic needs (or to/from a co-op placement). It is understood that the vehicle providing this service must be the same vehicle as used from home and an existing stop must be used – no new stops will be added to the route. Requests must be re-applied for annually. Ordinarily, requests of this nature will take one (1) to two (2) weeks to review; though in some circumstances there may be delays. While each request will be considered, there is no guarantee that the request will be granted.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (only 9-12 approved)

911 Address: \_\_\_\_\_  
 # and Street PO Box City Postal Code

**Reason for Special Consideration:** (Check appropriate reason and indicate location and address.)

Work  Community Service Hours  Co-op  Tutoring  Academic Need: \_\_\_\_\_

Morning  Afternoon  Full Day Requested Start Date: \_\_\_\_\_

Location and 911 Address: \_\_\_\_\_  
 # and Street City Postal Code Telephone #

Name of Business/Comments/Further Information: \_\_\_\_\_

**Requested by Parent/Guardian:**

Telephone: (H) 613- \_\_\_\_\_ (W) 613- \_\_\_\_\_  
 (C) 613- \_\_\_\_\_ E-mail: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ **Forward this form to the School Office.**

**SCHOOL'S USE ONLY:**

This is a student at my school and is in good standing:  Yes  No

Parent/Guardian signature is authentic:  Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal/Vice Principal Only

**Forward this form to RCJTC.**

