



STUDENT TRANSPORTATION REQUEST FORM

SECTION A: STUDENT INFORMATION					
SCHOOL: _____	SCHOOL YEAR: 20 _____	TO	20 _____		
PUPIL(S) NAME(S): _____			GRADE(S): _____		
PUPIL(S) NAME(S): _____			GRADE(S): _____		
PARENT/GUARDIAN(S): _____	TEL: (H) 613- _____	(W) 613- _____	(C) 613- _____		
911 ADDRESS: _____	NUMBER	STREET NAME	CITY	POSTAL CODE	E-mail @ _____
MAILING ADDRESS: (if different from above) _____					
PARENT/GUARDIAN SIGNATURE: _____			DATE: _____ / _____ / _____		
			dd	mm	yy

PERMANENT TRANSPORTATION REQUEST: Is transportation required? YES NO

Transportation may be provided to and/or from home/sitter/joint custody location, if the arrangement is permanent (5 days per week) and this location can be safety scheduled into the regular routes and is within the pupils' home school attendance boundary.

If transportation is required to and from home, please complete **Section A and C**.

If transportation is required from sitter/joint custody address, please complete **Section A, B, and C**.

If home/sitter/joint custody address is out of school attendance boundary, please complete **Section A, B (if applicable), C and D**.

SECTION B: SITTER and/or JOINT CUSTODY INFORMATION			
<input type="checkbox"/> SITTER or <input type="checkbox"/> JOINT CUSTODY			
NAME: _____		TEL: 613- _____	
911 ADDRESS: _____	NUMBER	STREET NAME	POSTAL CODE
		CITY	

SECTION C: STOP LOCATION INFORMATION			
Effective Request Date: _____	**Note: Maximum of two (2) weeks or a minimum of two (2) days notice required to safely implement.		
A.M. PICK UP: <input type="checkbox"/> Yes <input type="checkbox"/> No	from <input type="checkbox"/> HOME ADDRESS &/or	<input type="checkbox"/> SITTER &/or	<input type="checkbox"/> JOINT CUSTODY ADDRESS
P.M. DROP OFF: <input type="checkbox"/> Yes <input type="checkbox"/> No	from <input type="checkbox"/> HOME ADDRESS &/or	<input type="checkbox"/> SITTER &/or	<input type="checkbox"/> JOINT CUSTODY ADDRESS

SECTION D: OUT OF SCHOOL ATTENDANCE BOUNDARY

This section must be re-applied for each school year.

The request is for my child(ren) to attend: _____
(Destination School) (City)

Our home school is: _____
(School Attendance Boundary You Reside In)

Comments: _____

SCHOOLS TO COMPLETE:

Principal Home School Consulted: Yes No

Principal Signature at

Destination School: _____ Date: ____ / ____ / ____
dd mm yy

Room in Class:

Yes No

~ PLEASE RETURN COMPLETED FORM TO THE TRANSPORTATION CONSORTIUM ~

999 Cecelia Street, Pembroke, ON K8B 1A4 or Fax 613.732.2874 or Email trans@rcjtc.on.ca

TRANSPORTATION DEPARTMENT USE ONLY

TRANSPORTATION APPROVED: Yes No

Comment: _____

TRANSPORTATION TO BEGIN: Date: ____ / ____ / ____ ROUTE #: _____ OPERATOR: _____
dd mm yy

STOP LOCATION: _____ STOP TIMES: A.M. ____ P.M. ____ DATE COMPLETED: ____ / ____ / ____
dd mm yy

Notified: Operator School Parent/Guardian

Updated: Transportation Software Route km increased or decreased by: _____ km

RCJTC Staff Signature: _____ Date: ____ / ____ / ____
dd mm yy

Room on Vehicle:

Yes No

RCJTC General Manager Signature: _____ Date: ____ / ____ / ____
dd mm yy

The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.