



REQUEST FOR TWO ADDRESSES

TO BE FILLED IN ONLY IF YOU REQUIRE TRANSPORTATION AT MORE THAN ONE ADDRESS (home address plus another address)

Families with parents having joint custody and whose domiciles are located in two different catchment areas will be required to determine which is their official address for educational purposes. The children will attend the school in that catchment area and transportation will be provide to and from the official address only.

STUDENT IDENTIFICATION

Student Name (first / last): _____ Grade: _____
 Mother's Name (first / last): _____ School: _____
 Father's Name (first / last): _____ Bus #: _____

1 – HOME ADDRESS OF STUDENT(S) (as shown on enrolment form)

HOME TEL. _____ Father's Mother's Other (specify) _____
 NO. _____ STREET _____ No Transportation Required
 CITY _____ PROVINCE _____ POSTAL CODE _____ A.M. Only
 P.M. Only
 A.M. & P.M.

2 – ALTERNATE ADDRESS (to be used for transportation purposes) e.g. Babysitter, grandparents

HOME TEL. _____ Other (specify) _____
 NO. _____ STREET _____ A.M. Only
 CITY _____ PROVINCE _____ POSTAL CODE _____ P.M. Only
 A.M. & P.M.

SCHEDULE: Please provide full schedule details as to when the student is to be transported from the home address vs. alternate address. (ex. 1 week/1 week, certain day only, etc.) _____

3 – OTHER HOME ADDRESS OF STUDENT

HOME TEL. _____ Father's Mother's Other (specify) _____
 NO. _____ STREET _____ No Transportation Required
 CITY _____ PROVINCE _____ POSTAL CODE _____ A.M. Only
 P.M. Only
 A.M. & P.M.

4 – ALTERNATE ADDRESS (to be used for transportation purposes) e.g. Babysitter, grandparents

HOME TEL. _____ Other (specify) _____
 NO. _____ STREET _____ A.M. Only
 CITY _____ PROVINCE _____ POSTAL CODE _____ P.M. Only
 A.M. & P.M.

SCHEDULE: Please provide full schedule details as to when the student is to be transported from the home address vs. alternate address. (ex. 1 week/1 week, certain day only, etc.) _____

FOR THE FIRST WEEK OF TRANSPORT THE CHILD WILL BE AT :

HOME ADDRESS ALTERNATE ADDRESS OTHER HOME ADDRESS AUTRE ALTERNATE ADDRESS

SIGNATURE OF ADULT RESPONSIBLE

DATE

Completed form is to be forwarded to the Transportation Department, transport@cgsb.qc.ca