



## REQUEST FOR TWO ADDRESSES

**TO BE FILLED IN ONLY IF YOU REQUIRE TRANSPORTATION AT MORE THAN ONE ADDRESS (home address plus complimentary 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 – PRIMARY 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 – COMPLIMENTARY 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. complimentary 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 – COMPLIMENTARY 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. complimentary address. (ex. 1 week/1 week, certain day only, etc.)

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

☐ PRIMARY ADDRESS ☐ COMPLIMENTARY ADDRESS ☐ OTHER HOME ADDRESS ☐ OTHER COMPLIMENTARY ADDRESS

SIGNATURE OF ADULT RESPONSIBLE

DATE

Completed form is to be forwarded to the Transportation Department, [transport@cgsb.qc.ca](mailto:transport@cgsb.qc.ca)