



## 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)

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

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

\_\_\_\_\_  Other (specify) \_\_\_\_\_  
 HOME TEL. \_\_\_\_\_  
 NO. \_\_\_\_\_ STREET \_\_\_\_\_  A.M. Only  
 \_\_\_\_\_  P.M. Only  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  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 or minimum 3 days regular schedule only) \_\_\_\_\_

#### 3 – OTHER HOME ADDRESS OF STUDENT

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

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

\_\_\_\_\_  Other (specify) \_\_\_\_\_  
 HOME TEL. \_\_\_\_\_  
 NO. \_\_\_\_\_ STREET \_\_\_\_\_  A.M. Only  
 \_\_\_\_\_  P.M. Only  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  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 or minimum 3 days regular schedule only) \_\_\_\_\_

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](mailto:transport@cgsb.qc.ca)