

## REQUEST FOR SCHOOL BUS TRANSPORTATION FOR HIGH SCHOOL STUDENTS

Please note that services will only be provided from existing bus stops on buses that already go to the high school in question and have seats available.

### IDENTIFICATION

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

**Name of Father:** \_\_\_\_\_

**School Bus Number:** \_\_\_\_\_

**Designated Stop:** \_\_\_\_\_

### DECLARATION

☐ It is agreed that an annual fee of \$220.00 will be charged for each student.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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