



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 a fee will be charged for this service equivalent to 30% of the cost of a student RTC bus pass.

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

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