



REQUEST FOR A SECONDARY STOP

Please forward to the school secretary

Parent/Guardian Name: _____

Student Name: _____ Student Grade : _____

School : _____

PRIMARY Home Address : _____

City: _____ Postal Code: _____

Email Address: _____

Main Phone number : _____ Alternate Phone number: _____

Start date : _____

SECONDARY address : _____

REASON FOR REQUEST : X PARENTAL CUSTODY X DAY CARE

SCHEDULE Morning Only Afternoon Only Morning and Afternoon

- I would like my child to be allowed a secondary pick up/drop off as indicated above.
 By signing this form, I agree with the Conditions of Service.

Parent/Guardian Signature: _____ Date : _____

CONDITIONS OF SERVICE

1. A secondary stop will only be considered for students already registered for school bus service.
2. Parents are responsible for their child safety, until the child boards the bus in the morning and after the child leaves the bus when returning home in the afternoon.
3. The secondary stop must be outside the walk limits established for the school attended.
4. While on the bus the student is under the authority of the school and the bus driver and must comply with the rules and conditions of the service.
5. The distance and itinerary of a route will not be altered, in order to provide a secondary stop.
- 6.* Bus service at the stop can be terminated at any time if the bus route needs to be altered or if space is no longer available.
7. The student must be at the stop 5 minutes before the bus is scheduled to arrive.
8. No backup bus or any other transportation will be provided if the student misses the bus.
- 9.* The request must be approved by the CSF before the student can be allowed to use the stop.
- 10.* The approval is only valid for the current school year.

