



**STUDENT TRANSPORTATION REQUEST FORM**

SECTION A: <b>STUDENT INFORMATION</b>					
SCHOOL:	_____				SCHOOL YEAR: 20 _____ TO 20 _____
PUPIL(S) NAME(S):	_____				GRADE(S): _____
PUPIL(S) NAME(S):	_____				GRADE(S): _____
PARENT/GUARDIAN(S):	_____	TEL: (H) 613- _____	(W) 613- _____	(C) 613- _____	
911 ADDRESS:	_____	_____	_____	_____	@ _____
	NUMBER	STREET NAME	CITY	POSTAL CODE	E-mail
MAILING ADDRESS: (if different from above)	_____				
PARENT/GUARDIAN SIGNATURE:	_____			DATE:	____ / ____ / ____ dd mm yy

**PERMANENT TRANSPORTATION REQUEST:** Is transportation required?  YES  NO

Transportation may be provided to and/or from home/sitter/joint custody location, if the arrangement is permanent (5 days per week) and this location can be safely scheduled into the regular routes and is within the pupils' home school attendance boundary.

If transportation is required to and from home, please complete **Section A and C**.

If transportation is required from sitter/joint custody address, please complete **Section A, B, and C**.

If home/sitter/joint custody address is out of school attendance boundary, please complete **Section A, B (if applicable), C and D**.

SECTION B: <b>SITTER and/or JOINT CUSTODY INFORMATION</b>			
<input type="checkbox"/> SITTER or			
<input type="checkbox"/> JOINT CUSTODY	NAME: _____	TEL: 613- _____	
911 ADDRESS:	_____	_____	_____
	NUMBER	STREET NAME	POSTAL CODE

SECTION C: <b>STOP LOCATION INFORMATION</b>			
Effective Request Date: _____	<b>**Note: Maximum of two (2) weeks or a minimum of two (2) days notice required to safely implement.</b>		
A.M. PICK UP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	from <input type="checkbox"/> HOME ADDRESS &/or	<input type="checkbox"/> SITTER &/or <input type="checkbox"/> JOINT CUSTODY ADDRESS
P.M. DROP OFF:	<input type="checkbox"/> Yes <input type="checkbox"/> No	from <input type="checkbox"/> HOME ADDRESS &/or	<input type="checkbox"/> SITTER &/or <input type="checkbox"/> JOINT CUSTODY ADDRESS

**SECTION D: OUT OF SCHOOL ATTENDANCE BOUNDARY**

**\*This section must be re-applied for each school year.\***

The request is for my child(ren) to attend: \_\_\_\_\_  
 (Destination School) (City)

Our home school is: \_\_\_\_\_  
 (School Attendance Boundary You Reside In)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOLS TO COMPLETE:**

Principal Home School Consulted:  Yes  No

Principal Signature at

Destination School: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 dd mm yy

Room in Class:

Yes  No

**~ PLEASE RETURN COMPLETED FORM TO THE TRANSPORTATION CONSORTIUM ~**  
 999 Cecelia Street, Pembroke, ON K8B 1A4 or Fax 613.732.2874 or Email [trans@rcjtc.on.ca](mailto:trans@rcjtc.on.ca)

**TRANSPORTATION DEPARTMENT USE ONLY**

TRANSPORTATION APPROVED:  Yes  No

Comment: \_\_\_\_\_

TRANSPORTATION TO BEGIN: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ROUTE #: \_\_\_\_\_ OPERATOR: \_\_\_\_\_  
 dd mm yy

STOP LOCATION: \_\_\_\_\_ STOP TIMES: A.M. \_\_\_\_:\_\_\_\_ P.M. \_\_\_\_:\_\_\_\_ DATE COMPLETED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 dd mm yy

**Notified:**  Operator  School  Parent/Guardian

**Updated:**  Transportation Software Route km  increased or  decreased by: \_\_\_\_\_ . \_\_\_\_\_ km

RCJTC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 dd mm yy

Room on Vehicle:

Yes  No

RCJTC General Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 dd mm yy

*The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.*