

**Bus service will begin
two business days
after request is
approved**



Date Emailed: _____

Request for Bus Service – Grades 1-8

School Year: 2022-2023

Date: _____

School: École Holy Cross

Anticipated Start Date: 09 01 2022
Month Day Year

Student's Last Name:	Student's First Name:	Grade:	English or French Program:	Sex (M/F/U): (Male/Female/Unspecified)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Home Address: _____

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____
Work Phone No: _____

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____
Work Phone No: _____

Emergency Contact Name: _____

Home Phone No: _____ (in case parent is unavailable)
Cell No: _____

For awareness purposes please provide any:

Medical Conditions: _____

Allergies: _____

Please complete the following information for drop off and pick up locations. Please indicate the daily pick up and drop off addresses. Also, note these locations must be **within the school boundary attendance area**.

Regular address for morning bus pick-up:

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Alternate Regular address for morning bus pick-up (if needed):

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Regular address for afternoon drop-off:

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

Alternate Regular address for afternoon drop-off (if needed):

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

_____ Yes, I have read the School Bus Protocol for bus transportation services and I will review this with my child/children.

_____ Yes, I will notify the school if changes are required to the information provided above. All changes must be made by the parent/guardian at the school office.

_____ Date

_____ Parent/Guardian Signature

All transportation services within the school attendance area must be approved by the Principal/Designate.

_____ Date

_____ Principal Signature

For First Student Bus only:

Bus Driver's Name: _____

Date: _____

Route: _____