COMMISSION SCOLAIRE
Eastern Townships
SCHOOL BOARD

Moving ahead. Together. | Aller de l'avant. Ensemble.

2355 Galt St. West
Sherbrooke, Qc J1K 1L1
Tel.: (819) 566-2739
Fax: (819) 566-7612

SPECIAL AUTHORIZATION FOR JOINT-CUSTODY TRANSPORTATION

For JOINT-CUSTODY TRANSPORTATION , the schedule must be regular (i.e.: one week at one residence/one week at the other)
Note that weekend visits are not considered JOINT CUSTODY for transportation purposes.

The Eastern Townships School Board is not obligated to transport a student to more than one address.

Registration for School Year: _____ Attending: _____

Name of Student: _____ Grade Level: _____

The care of the student listed above is shared equally by both parents (50% of the time with each parent).

We, the undersigned, hereby request school bus transportation as follows:

FATHER: *Please check boxes:*

MORNING TRANSPORTATION	AFTERNOON TRANSPORTATION
From: ☐ Address with father _____ OR ☐ _____ Indicate address of reference for transportation purposes	To: ☐ Address with father _____ OR ☐ _____ Indicate address of reference for transportation purposes

MOTHER: *Please check boxes:*

MORNING TRANSPORTATION	AFTERNOON TRANSPORTATION
From: ☐ Address with mother _____ OR ☐ _____ Indicate address of reference for transportation purposes	To: ☐ Address with mother _____ OR ☐ _____ Indicate address of reference for transportation purposes

Please note that the <u>signature of both parents</u> is required when Joint-Custody Transportation is requested.

_____ _____ _____
Date *Signature of Parent* *Telephone number where I can be reached during the day*

_____ _____ _____
Date *Signature of Parent* *Telephone number where I can be reached during the day*

This form must be submitted to the School Principal ANNUALLY whenever transportation is requested in situations of Joint-Custody. Failure to return this form may result in the suspension of school bus transportation to one of the two Joint-Custody addresses.

Revised August 2011