



### 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:	To:
<input type="checkbox"/> Address with father _____	<input type="checkbox"/> Address with father _____
OR	OR
<input type="checkbox"/> _____ Indicate address of reference for transportation purposes	<input type="checkbox"/> _____ Indicate address of reference for transportation purposes

**MOTHER:** Please check boxes:

MORNING TRANSPORTATION	AFTERNOON TRANSPORTATION
From:	To:
<input type="checkbox"/> Address with mother _____	<input type="checkbox"/> Address with mother _____
OR	OR
<input type="checkbox"/> _____ Indicate address of reference for transportation purposes	<input type="checkbox"/> _____ Indicate address of reference for transportation purposes

**Please note that the signature of both parents 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.**