

2355 Galt St. West Sherbrooke, Quebec J1K 1L1 Tel.: 819-868-3100 X40058

transportation@etsb.qc.ca

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

TRANSPORTATION REQUEST - WALKING DISTANCE

This form is to be completed <u>each year</u> and submitted to the school which will then forward the request to the Transportation Department.

Requests are considered only after the start of the school year and a response should be provided by mid-October.

I acknowledge that my child's transportation by school bus			hin walking distance of the school and request alterations are required.
SCHOOL YEAR:	NAME OF SCHO	DOL:	GRADE LEVEL:
NAME OF STUDENT:			
STUDENT'S HOME ADDRE	SS		
Please check boxes:			
MORNING TR	ANSPORTATION		AFTERNOON TRANSPORTATION
From: Home address (same a	as above) OR	To: ☐ Home	address (same as above) OR
Indicate address of reference	e for transportation purposes	□	dicate address of reference for transportation purposes
TELEPHONE (day):			
1221 110112 (44)			Signature of parent or legal guardian
			Date
*IMPORTANT: The ETSB re	eserves the right to	establish a passenge	er fee.
Eligibility to receive school bus transtudents whose residence (or design walking distance between the student 0.8 km for Kindergarten 1.6 km for Elementary 1 th 1.8 km for Secondary	ated address) is further than the		signated school attended. These distances correspond to the shortest e territory of the School Board:
Accepted on:	AM Bus:	PM Bus:	
Refused on:	Reason:		I

Rev. July 2020

Refused on: