



POLICY NAME	Transportation of Students (EEA)
Annex B	Request for Transportation to a Second Address with Shared Custody

Student Last Name:	
Student First Name:	

Primary Address

Street Address:		Apartment #:	
Municipality:		Postal Code:	

Second Address

This address must be in the same school zone. If it is not, this is considered a "Special Accommodation" for an "out-of-zone" address

Street Address :		Apartment # :	
Municipality :		Postal Code :	

*Please note that no bus stops will be added nor will bus routes be extended to accommodate these requests.
Existing bus stops will be attributed if possible.*

Name (Please Print) :	
Signature :	
Date :	

In completing this form, and in accordance with the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR, c. A-2.1), the New Frontiers School Board must obtain your consent for the collection and use of certain personal information contained in this form regarding you or your minor child. If the child is under 14 years of age, only the person having parental authority or the legal guardian can consent. If the child is 14 years of age or older, the person having parental authority, the legal guardian or the child themselves can consent. By completing and signing this form, you are consenting to the collection and use of personal information for the entire school year. This information will be used by employees of the New Frontiers School Board for whom such information is necessary for the discharge of their duties pursuant to section 62 of the Act respecting Access. Failure to provide consent may prevent you or your child from accessing school/centre/school board services. You may revoke your consent at any time. You have the right to access and correct this information once it will be in the possession of the New Frontiers School Board. It is important that you understand the scope of this consent request. Therefore, if you have any questions in relation to this consent request, you may contact transport@nfsb.qc.ca

For use by the Transportation Department

Approved Refused

Bus # (AM):		Bus Stop:	
Bus # (PM):		Bus Stop:	
Effective date:			
Comments:			
Signature:		Date:	