



POLICY NAME	Transportation of Students (EEA)
Annex C	Special Accommodation Request & Alternative Address Form

Student Last Name :			
Student First Name :			
Parent/Guardian :		Telephone # :	
School Attending :		Grade :	

Reason for the Request & Related Costs

X	Reason	Definition	Cost
	Medical	A student has a temporary medical condition that requires bus transportation; please attach a medical note.	No cost
	Walker	Seats assigned to students who normally walk (0.8 km for Kindergarten, 1.6 for Elementary, 2.0 for Secondary)	\$200 for the first child in a family; \$150 for the second; \$100 for each child after that
	Out-of-Zone	Seats assigned to students who attend a school that is out of their normal school zone	\$200 for the first child in a family; \$150 for the second; \$100 for each child after that
	Baby-sitter	An alternate address used on a regular basis, ie: every morning, every afternoon, or both. Address: _____ Telephone # : _____	No cost if a second bus is not necessary (babysitter lives within the student's regular bus route). Otherwise cost as above applies.
	Short-Term	A student will be using an alternate address (babysitter, other family member) for a short-term (1 or 2 weeks) Address: _____ Telephone # : _____	\$50 per child

_____ Payment is attached

Signature of Parent/Guardian _____ 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

Important Information:

- This form must be completed and signed by the parent/guardian and submitted to the school, with a cheque for the full amount; cheques are payable to "New Frontiers School Board".
- Payment arrangements can be made by contacting us at 450-691-6955.
- Not all requests can be granted; priority is normally given to our younger students.
- Requests are valid for the current school year and do not carry from year-to-year.
- Services cannot be guaranteed for the full year and are subject to availability. In the unlikely event that seats are required for new students during the year, or a bus route has to be changed, the Transportation Department will determine which students no longer have available seating; a pro-rated refund will be issued.
- Special accommodations cannot create new stops or detours to routes.
- Requests received between April 15 and the last day of school will take effect on the first day of school of the next school year. Requests received between the last day of school and the September 30 deadline will take effect after October 15.

For use by the Transportation Department

Bus # (AM):		Bus Stop:	
Bus # (PM):		Bus Stop:	
Same Bus:		Payment Received:	
Effective date:			