

**PETERBOROUGH VICTORIA NORTHUMBERLAND AND CLARINGTON  
CATHOLIC DISTRICT SCHOOL BOARD**

**ADMINISTRATIVE PROCEDURE AP-TRAN-1001 - Student Eligibility: Transportation  
To and From Child Care Facilities**

**APPENDIX A**

**Section: Transportation**

**Procedure: STUDENT ELIGIBILITY:  
TRANSPORTATION TO AND  
FROM CHILD CARE FACILITIES**

**Procedure Code: AP-TRAN-1001  
Policy Code Reference: 1001**

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**SCHOOL BUSSING APPLICATION FOR ALTERNATE PICK-UP/DROP-OFF  
FOR CHILD CARE CENTRE/BABYSITTER**

**FAMILY INFORMATION:**

School Attending: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(911 Number) (Street Name)

\_\_\_\_\_  
(City) (Postal Code) (Township)

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address Bus Route: \_\_\_\_\_ Operator: \_\_\_\_\_

Children: (if additional space is required please continue on back.)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**ALTERNATE TRANSPORTATION ADDRESS:**

(Check one) \_\_\_\_\_ Child Care Centre \_\_\_\_\_ Babysitter

\_\_\_\_\_  
(911 Number) (Street Address)

\_\_\_\_\_  
(City) (Postal Code) (Township)

\_\_\_\_\_  
(Contact Person) (Telephone Number)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
(Date & Initials) (Date & Initials)

New Route Number: \_\_\_\_\_ Operator: \_\_\_\_\_

**FAILURE TO FILL IN THIS FORM MAY RESULT IN NO BUSSING PRIVILEGES. THIS  
FORM MUST BE RETURNED TO STUDENT TRANSPORTATION SERVICES BY 30 MAY  
EACH YEAR.**

May 22, 2012