

STUDENT TRANSPORTATION SERVICE CONSORTIUM OF GREY-BRUCE

799- 16th Avenue, Hanover, Ontario N4N 3A1 Telephone (519) 364-5820 Fax (519)364-5882

TCF-A013d

**CO-OP TRANSPORTATION
INFORMATION FORM**

School: _____ Semester: 1
Student's Name: _____ 2
Placement/Company: _____
Address of Placement: _____ a.m. p.m.
(If this is a rural location please indicate Fire # and road name)

Student's Information

Home Address: _____
(If this is a rural location please indicate Fire # and road name)
Town: _____ Postal Code: _____
Home Telephone: _____
Parent's Name(s): _____

General Questions

- | | | | |
|----|---|-----|----|
| 1. | Is it possible to walk to your placement? | Yes | No |
| 2. | Do you have access to a car on a daily basis? | Yes | No |
| 3. | Do you currently ride a bus to and from school? | Yes | No |
- If so, what is the route number & driver's name: _____

Follow-up Comments (transportation plans, special requests, etc.)

Co-op Teacher: _____
Co-op Teacher's Signature: _____
Date: _____