

STUDENT TRANSPORTATION SERVICE CONSORTIUM OF GREY-BRUCE

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

TCF-A013c

**REQUEST FOR ALTERNATE BUS STOP
FOR CO-OP TRANSPORTATION**

Student's Name: _____

School Name: _____

Company Name of Placement: _____

Location of Placement:
(Street/Fire# and Road Name) _____

Start Date at Placement: _____

Circle days you will be at this placement?

Mon Tues Wed Thurs Fri

Stop required in morning: Yes No

Stop required in afternoon: Yes No

Student's Home Address:
(Street/Fire# and Road Name) _____

What is your regular home-to-school bus route? _____

Are you asking to use a different bus stop on your regular home-to-school bus route? _____

If so, where is the bus stop? _____

Are you asking to ride an alternate home-to-school bus route? _____

If so, which bus route and bus stop? _____

Note: The Transportation Consortium may approve an existing bus stop on the bus route, or may approve a stop on route but will not re-direct a bus to accommodate a co-op placement

Parent/Guardian Signature: _____

Co-op Teacher's Name: _____

Co-op Teacher's Signature: _____

Principal's Signature: _____

Date of Application: _____

For Transportation Consortium Use Only

Approved

Denied

Comments: _____

Application Reviewed By: _____

(Transportation Consortium Signature)