

TRANSPORTATION – ALTERNATE ARRANGEMENT REQUEST

Current School Year: _____/_____

Form to be completed by Parent/Guardian when requesting student(s) be dropped off elsewhere other than the student(s) regular bus stop, contrary to the Division’s standard procedure.

If approved, alternate arrangement request will be for the above, current school year only.

PARENTAL REQUEST AND WAIVER OF LIABILITY

We (I), _____
Name of Parent(s)/Guardian(s) – Please print.

Of _____
Civic Address Mailing Address

_____ Email Phone

Acknowledge that we are/am the parent(s)/guardian(s) of

Name(s) and Grade(s) of Child(ren)

Name(s) and Grade(s) of Child(ren)

who are/is a student(s) in a school operated by the Battle River School Division (“the Division”). We/I request that, for the time period requested herein, the Division allow this/these student(s) to disembark from the school bus in the manner requested on this form. We/I confirm that the Division will provide transportation to this/these student(s) to the school and from the school back to our gate or other regular designated stop, and it is only upon my/our request that the Division will consider allowing this/these student(s) to disembark from the school bus in the manner requested on this form.

We/I confirm that we/I are/am requesting a deviation from the standard busing procedures of the Division in requesting that the Division allow our/my child(ren) to disembark from the school bus in the manner requested on this form.

We/I also recognize and fully understand any potential hazards and risks in allowing this/these student(s) to be dropped off in the manner requested herein and not to our gate or other regular designated stop, including all risks and hazards related to injury, loss, safety, death after this/these student(s) disembarks the school bus. We/I particularly recognize that it is our/my responsibility to ensure that this/these student(s) are safe after disembarking from the school bus.

In consideration of the agreement of the Division to grant our/my request, we/I agree to waive all claims, demands, losses, costs, damages, actions and causes of action of any nature whatsoever, including any claim of negligence, that we/I may have now or in the future against the Division, its elected officials and officers, agents, administrators, independent contractors, employees and volunteers, arising out of or in relation to any injury or bodily injury including death resulting therefrom, sustained by this/these student(s) during any time the said student(s) is/are disembark(s) from the school bus as outlined above.

REQUEST DETAILS

Alternate Location Address: _____
(Blue Sign Address)

Alternate Location Contact: _____
(Name & Phone Number)

Applicable Days/Dates: _____

Reason for Request: _____

We/I acknowledge that we/I have read and understood the contents of this document.

Date (M/D/Y)

Signature of Parent/Guardian

Signature of Witness

Date (M/D/Y)

Signature of Parent/Guardian

Signature of Witness

TRANSPORTATION DEPARTMENT DECISION:

Office Use Only

Affected Route: _____

Driver Notified: _____

Approved: _____
Date (M/D/Y)

Signature – Director of Transportation

Denied: _____
Date (M/D/Y)

Signature – Director of Transportation

Reason Denied: _____

The information on this form is collected pursuant to section 33(c) of the *FOIP Act* in order to deal with a request to deviate from standard procedures regarding the transportation of students and will be used and disclosed only in accordance with the *FOIP Act*. If you have any questions about the collection, use or disclosure of information collected on this form, please contact the Division's FOIP Coordinator at 780-672-6131.