



FOR SCHOOL USE ONLY
DATE & TIME RECEIVED BY SCHOOL DD/MM/YYYY: _____ Time: _____

TRANSPORTATION - CROSS BOUNDARY APPLICATION (RURAL)

Both sides of the form are to be completed by Parent/Guardian at time of application.

School of Choice: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student's Civic (**Blue Sign**) Address: _____

Parent/Guardian #1 Name (print): _____

Parent/Guardian #1 Cell #: _____ Email: _____

Parent/Guardian #2 Name (print): _____

Parent/Guardian #2 Cell #: _____ Email: _____

COMPLETE PAGE 2 before submitting to the School of Choice Principal.

To be completed by Principal of School of Choice School
Return **completed and approved** forms to transportation@brsd.ab.ca

Recommendation: Approved Denied

Principal Name (Print): _____ Principal (Signature): _____

To be completed by Secretary-Treasurer only if denied by School of Choice Principal or Transportation

COMMENT:

Secretary-Treasurer (Print): _____ Secretary-Treasurer (Signature): _____

APPROVAL CRITERIA FOR TRANSPORTATION TO A SCHOOL OF CHOICE

By initialing & signing below I, _____, acknowledge that approval for school bus transportation, if granted, to a "School of Choice" is subject to the following criteria:

Parent/Guardian Must Initial by each statement below:

_____ I understand that applications will not be processed until after all eligible rider applications have been finalized. It is important to note that busing may not be in place by the first day of school.

_____ I accept full responsibility, at no cost to the board, for transporting my student to/from a designated stop already along the route which is determined by the Transportation Department.

_____ I agree to pay the cross boundary fee, if one is applicable.

_____ I acknowledge that bus routes are adjusted to serve eligible students from within the attendance area and that the location to meet the bus, and/or the availability of seat room may change at any time during the school year, even if the student was initially approved.

_____ I acknowledge that this permission may be revoked at any time during the school year.

_____ I acknowledge that approval for the _____ school year does not, in any way, imply approval beyond the indicated school year. I understand that if I wish to request a similar busing arrangement for the following school year, I will need to repeat this process for each school year.

_____ I acknowledge and accept full responsibility for the safety and well-being of my child(ren) before they board the bus and after they get off. I understand the importance of respecting other people's properties. I will not park my vehicle in their driveway and will not allow my child(ren) to enter anyone's property without prior consent from the property owner.

Parent/Guardian Signature: _____ Date (M/D/Y): _____

Submit to the School of Choice Principal
