



**Golden Hills School Division No. 75 Transportation Department**  
 435 A Highway # 1, Strathmore AB T1P 1J4  
 Phone: 403-934-5121 Toll Free: 1-855-867-8458 Email: transportation@ghsd75.ca

## TRANSPORTATION FOR SHARED CUSTODY REQUEST FORM 2016/ 2017 SCHOOL YEAR

Student's Last Name	Student's First Name	School	Grade

### CAREGIVER INFORMATION

Primary Caregiver:	Secondary Caregiver:																																				
Name:	Name:																																				
Address or Legal Land Description & 911 Address:	Address or Legal Land Description & 911 Address:																																				
Home Phone:	Home Phone:																																				
Cell Phone:	Cell Phone:																																				
Work Phone:	Work Phone:																																				
Email:	Email:																																				
Relationship to Child:	Relationship to Child:																																				
<b>Days Child is in your care:</b>	<b>Days Child is in your care:</b>																																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Mon</th> <th style="width: 15%;">Tues</th> <th style="width: 15%;">Wed</th> <th style="width: 15%;">Thur</th> <th style="width: 15%;">Fri</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PM</td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thur	Fri	AM						PM						<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Mon</th> <th style="width: 15%;">Tues</th> <th style="width: 15%;">Wed</th> <th style="width: 15%;">Thur</th> <th style="width: 15%;">Fri</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PM</td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thur	Fri	AM						PM					
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<b>Emergency Contact Information:</b>	<b>Emergency Contact Information:</b>																																				
Name:	Name:																																				
Phone Number:	Phone Number:																																				

**CAREGIVERS MUST ALSO FULLY COMPLETE PAGE 2**

For Office Use Only

Date Received	Date Entered In Bus Planner	Route Number	Details to Driver (Date)

This form is to be completed by both Parents/Guardians when a shared custody arrangement is in place for the student.

This completed request must be received by the Transportation Supervisor no less than five working days in advance of the requested transportation. The Transportation Supervisor will determine eligibility upon receiving the completed form from the parent/guardian.

I/we recognize that it is our child's/children's' responsibility to ensure that he/she embarks onto the correct bus and disembarks at the location referred to above on the correct days and times. I also recognize and fully understand the potential hazards in allowing my child to embark and disembark at alternate residences, and I particularly recognize that it is my responsibility to ensure that my child follows the schedule properly and also to ensure proper supervision of the child is available at my residence location. I certify that I have conveyed these risks to my child, have instructed my child about the proper schedule for alternate transportation. I also agree and certify that my child, is sufficiently mature to be capable of remembering this alternate schedule and of following it.

In consideration of the agreement of GHSD No. 75 to grant our request as outlined above, I waive the GHSD No. 75, its elected officials and officers, agents, administrators, independent contractors, employees and volunteers from and against all claims, demands, losses, costs, damages, actions and causes of action of any nature whatsoever, including any claim of negligence, arising out of or in relation to any injury or bodily injury including death resulting there from, sustained by my child during any time the said student is traveling on the alternate bus transportation referred to above, and including all travel from his/her/their residence to and/or from the point where he/she/they embark/disembark onto/from the school bus as outlined above.

I acknowledge that I have read and understood the contents of this document as well as Policy 18.

We acknowledge that where one-off alternate transportation arrangements are made we must complete the Shared Custody Alternate Arrangement Form which must be signed by both caregivers and the school administrator prior to my child being transported on an alternate bus or being dropped off at an address other than that stated above on the given day.

Courtesy Service is subject to availability and expires at the end of the school year in which it is offered; fees may apply.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Primary Caregiver

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Secondary Caregiver

**NOTES:** The information on this form is collected pursuant to section 33(c) of the *FOIP Act* in order to deal with alternate transportation for 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 School Division's FOIP coordinator at 403-934-5121 (ph) or 403-934-5125 (fax).