



Transportation Department

435A Highway #1 Strathmore, AB T1P 1J4
Phone (403) 361-2214 Fax (403) 934-5125
Toll Free 1-877-442-4340 Ext. 2001
transportation@ghsd75.ca

RURAL TRANSPORTATION TO SCHOOL OF CHOICE REQUEST FORM 2022/2023 SCHOOL YEAR

Please note that transportation from a School of Choice residence will be accommodated where there is an existing stop (Rural) and capacity on the route. Priority is given to transporting students from their homes to their community schools.

I have read and acknowledge this policy. (Initials) _____

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

Parent/Guardian Name: _____

Legal Land Description: _____ 1/4 _____ Section _____ Township _____ Range W4

911 Address (Address on blue sign): _____ Phone: _____

Email address: _____

Name of Person(s) Receiving the Student: _____

Legal Land Description: _____ 1/4 _____ Section _____ Township _____ Range W4

911 Address (Address on blue sign): _____ Phone: _____

PARENTS MUST ALSO FULLY COMPLETE PAGE 2

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For Office Use Only

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

This form is to be completed by a Parent/Guardian when requesting an alternate transportation arrangement for student(s). "Alternate" means any transportation arrangement that involves the student(s) embarking or disembarking at a place that is not that student's residence.

This completed request must be received by the Transportation Supervisor no less than five working days in advance of the requested alternate 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. I/we also recognize and fully understand the potential hazards in allowing our/my child/children to embark and disembark at an alternate location to my/our residence, and I/we particularly recognize that it is my/our responsibility to ensure that our/my child/children follows the schedule properly and also to ensure proper supervision of the child/children is available at the non-residence location. I/we certify that I/we have conveyed these risks to our child/children, have instructed our child/children about the proper schedule for alternate transportation. I/we also agree and certify that our child/children, is/are sufficiently mature to be capable of remembering this alternate schedule and of following it.

In consideration of the agreement of GHSD to grant our/my request as outlined above, we(I) waive the GHSD, 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 our/my child/children during any time the said student(s) is (are) 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.

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

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

Date:

Signature of Parent/Guardian

TO BE COMPLETED BY PARENT RECEIVING STUDENTS AT REGULAR STOP

In consideration of the agreement of GHSD to grant the aforementioned alternate bussing transportation arrangement, we(I) waive GHSD, 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 the above mentioned students during any Time said student(s) is (are) in my care and custody.

We (I) certify that we (I) are (am) at least 18 years of age.

Date: _____

Signature of 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).