



CROSS BOUNDARY BUSING APPLICATION

Date of Application: _____ Start Date for Service: _____

Parent Name: _____

Phone #'s: _____

Mailing Address: _____

Email Address: _____

Legal Land Description: _____ Civic Address: _____

Student Name: _____ Gr. _____ School _____

Student Name: _____ Gr. _____ School _____

Student Name: _____ Gr. _____ School _____

Student Name: _____ Gr. _____ School _____

Acknowledgement of Conditions upon which Transportation to School of Choice is Granted

This is to confirm that approval, if granted, for school bus transportation in order that your child(ren) may attend a "School of Choice" is subject to the following criteria.

- There are sufficient resources and facilities at the school in the grade/program in which the student is enrolled,
- There is seat room available on the bus,
- You accept full responsibility, at no cost to the board, for transporting the student(s) to and from a safe stop point along a regular bus route which is bound for the school in question, and
- You pay the cross boundary fee, if one is applicable.

It should be noted that, as bus routes are adjusted to serve eligible students from within the attendance area, the location to meet the bus, and/or the availability of seat room may change at any time. It is important to note that even if there is currently room for your student(s) to ride, should load factors change requiring that approval be reassessed, you will be notified accordingly. It is to be clearly understood that this permission may be reviewed at any time during the school year and that it does not, in any way, imply approval beyond the current school year.

If you wish to request a similar arrangement for next school year, you will need to submit a formal written application to the Transportation Department prior to the end of June.

I have read and understand the above conditions that will apply if my application is granted approval.

Parent Signature

****Please email completed form to transportation@brsd.ab.ca****