

**PETERBOROUGH VICTORIA NORTHUMBERLAND AND CLARINGTON  
CATHOLIC DISTRICT SCHOOL BOARD**

**ADMINISTRATIVE PROCEDURE AP-TRAN-1001 - Student Eligibility: Out-of-Boundary Transportation**

**APPENDIX C**

---

<b>Section:</b>	<b>Transportation</b>	
<b>Procedure:</b>	<b>STUDENT ELIGIBILITY: OUT-OF-BOUNDARY TRANSPORTATION</b>	<b>Procedure Code: AP-TRAN-1001 Policy Code Reference: 1001</b>

---

**Page 1**

**OUT-OF-BOUNDARY STUDENT TRANSPORTATION REQUEST FORM**

Date of Initial Request: \_\_\_\_\_ Date of Renewal Request: \_\_\_\_\_

*This request form MUST be completed on or before 30 May of every school year that the parent(s)/ guardian(s) wish/es the student to attend the out-of-boundary school and request transportation.*

**Please Note:**

**For first year of attendance only, a copy of the official Out of Boundary attendance letter of permission from the appropriate School Superintendent must be attached to the Transportation Request form. Completed forms must be forwarded to the Transportation Authority via the receiving school, or directly to the appropriate Transportation Authority.**

**From** \_\_\_\_\_ **To** \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Home School: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/P.O. Box Town Postal Code

Lot \_\_\_\_\_ Concession \_\_\_\_\_ Road \_\_\_\_\_ Township \_\_\_\_\_

Transfer from \_\_\_\_\_ to \_\_\_\_\_  
Home School Receiving School

Specific Reasons for Transportation Request: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student\*/Parent(s)/Guardian(s) Signature  
\*16 yrs. of age or older

**Requests for transportation will be reviewed upon receipt and approved on a space available basis on existing routes. Parents/Guardians will receive a response to the Request for Transportation by 30 June. Only those who are assigned transportation will be contacted.**

**For Board Use Only**

**Receiving School Official (sign & write name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Transportation Services Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Transportation Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_