



Services de transport des élèves
du Sud-Ouest de l'Ontario
www.monbusjaune.ca

Southwestern Ontario
Student Transportation Services
www.mybigyellowbus.ca

Use of Alternate Bus Stop Request Form (Form 2.2A)

Student Transportation Services will arrange for alternate address transportation under the following conditions:

- The *primary address* is eligible for transportation;
- The *alternate address* is within the school transportation boundary;
- The *alternate address* is used consistently every day, Monday through Friday, every week for the school year;
- A student can have one alternate address only;
- Under normal conditions, the *alternate address* must be accommodated with existing bus stops on an established bus route servicing the school, noting no new stops or runs will be created for alternate addresses;
- Approval of this application will be based upon seat availability on the vehicle; STS is the sole determinant.
- STS reserves the right to cancel previously approved alternate bus stop requests with 24 hours notice when load or service conditions warrant;
- A parent/guardian must apply for use of an alternate address on an annual basis by June 15;
- If a change or cancellation to approved arrangements is required, it is the responsibility of the parent/guardian to complete a new application.

School Name:	_____		
Student Name:	_____		
Student Address:	_____		
Alternate Address:	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM <input type="checkbox"/> Both
<p><i>Students may be assigned, based on seat availability, to the closest available stop based on the address provided above, noting that no new stops or runs will be created. Approved requests will be communicated to the parent/guardian through the Parent Portal within 10 business days.</i></p>			
<u>Parent/Guardian Authorization</u>			
In signing this application, I accept the terms and conditions and read the policy and procedure info @ www.mybigyellowbus.ca .			
Date of Application:	_____	Requested Effective Date:	_____
Signature of Parent/Guardian:	_____		

Please submit to STS (altstop@mybigyellowbus.ca) or fax 519-649-1180 for eligible students only. Please keep a copy for your files. Incomplete or denied applications will be returned to the school.

I acknowledge that STS services will be provided on the terms described herein. I agree to inform STS as soon as any of the information on this form changes. I consent to the sharing of this information between STS, the school board and the service provider for the purpose of student transportation arrangements.

<u>For Student Transportation Services Use Only</u>	
Date of Review: _____	Authorization: _____
Action: _____	

Notice of Collection: Southwestern Ontario Student Transportation Services ("STS") acts on behalf of your school board and contracts transportation service providers to arrange transportation to and from school for eligible students. The personal information you provide on this form will be shared with the relevant staff of STS, school board and transportation provider for the purpose of providing appropriate and safe transportation. The information collected is treated as described in our privacy policy and in accordance with applicable laws.