

FORCED CROSS (IN-DISTRICT) TRANSFER STUDENT ABBOTSFORD SCHOOL DISTRICT (NO.34)



Transportation 604.855.5278 Fax: 604.854.1448

(one request form for each student, MUST BE SIGNED BY PARENT)

STUDENT _____ <small style="text-align: center;">LAST NAME</small>	STUDENT _____ <small style="text-align: center;">FIRST NAME SECOND NAME</small>
ADDRESS _____ <small style="text-align: center;">STREET ADDRESS</small>	STUDENT PEN NUMBER _____ <small style="text-align: center;">CAN BE FOUND ON STUDENT REPORT CARD OR FROM SCHOOL</small>
CITY _____	SCHOOL ATTENDING _____
POSTAL CODE _____	APPROVED DISTRICT PROGRAM _____
HOME PHONE _____	BIRTHDATE _____ <small style="text-align: center;">YEAR/MONTH/DAY</small>
ALTERNATE PHONE _____	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> GRADE _____
PARENT/GUARDIAN _____ <small style="text-align: center;">LAST NAME</small>	PARENT/GUARDIAN _____ <small style="text-align: center;">FIRST NAME</small>
PARENT/GUARDIAN <i>EMAIL</i> : _____	
PARENT/GUARDIAN _____ <small style="text-align: center;">REQUEST MUST BE SIGNED & DATED</small>	DATE: _____ <small style="text-align: center;">SIGNATURE</small>
REQUESTED START DATE: _____	

Please allow up to five days for approval and processing

FAX TO TRANSPORTATION 604.854.1448 OR SCAN TO SCHOOL.BUS@ABBYSCHOOLS.CA

<i>BUSING DATA: To be completed by Transportation Department</i>			
START DATE: _____		SCHOOL: _____	
A.M.			
BUS # _____	TIME _____	AM BUS STOP _____	DROP OFF _____
TRANSFER			
TO BUS # _____	TIME _____	AM TRANSFER LOCATION _____	DROP OFF _____
<hr/>			
P.M.			
BUS # _____	TIME _____	PM SCHOOL PICK UP _____	DROP OFF LOCATION & TIME _____
TRANSFER			
TO BUS # _____	TIME _____	PM TRANSFER LOCATION _____	DROP OFF LOCATION & TIME _____
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APPROVED? NO <input type="checkbox"/> COMMENTS _____			

*****ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES AHEAD OF PICK UP TIME*****