



**Request for Transportation
Joint Custody / Joint Arrangements**
Complete and Return to the
HPSTS Department
hpsts@ed.amdsb.ca

62 Chalk Street North
Seaforth, ON N0K 1W0
Office: 519-527-0670
1-888-871-7722

Transportation for Joint Custody / Joint Access

Must be reviewed by home Principal

Note: Both Parents / Guardians must reside within the student's school attendance boundary and be eligible for a bus.

EFFECTIVE DATE: _____

Students Name	School	Grade

Name of Parent / Guardian A:	Relationship:
Primary Home Address (911 emergency code or Street Address):	
Municipality:	Telephone:

Name of Parent / Guardian B:	Relationship:
Secondary Home Address (911 emergency code or Street Address):	
Municipality:	Telephone:

- Alternate Weeks OR as per the following schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up (A or B)	<input type="checkbox"/>				
Drop Off (A or B)	<input type="checkbox"/>				

Comments:

Note: Changes may take up to 5 business days.

This form is an Annual Form and must be completed each school year if arrangement is to continue.

Signature of Parent/Guardian _____ Date: _____
Signature of Principal _____ Date: _____

HPSTS Department Only

Date: _____ Initials: _____	Updated info can be found on the Parent Portal at: ourschoolbuses.ca Revised April 2022
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Other	
Start Date: _____	