



Request for Transportation Secondary After School Employment

Complete and Return to the
HPSTS Department
hpsts@ed.amdsb.ca

(This form is intended for Secondary Students Only)

62 Chalk Street North
Seaforth, ON N0K 1W0
Office: 519-527-0670
1-888-871-7722
Fax: 519-527-0289

Alternate Transportation for Secondary (Grades 9 – 12) Employment

Must be reviewed by the Principal

NOTE: Limit of 2 Bus Routes / Stops per student

Students Name	School	Grade

Effective Date: _____

Student's Home Information (H)	
Home Address (911 emergency code or Street Address):	
Municipality:	Telephone:

Name of Employment (W)	
Employment Address (911 emergency code or Street Address):	
Municipality:	Telephone:

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up (indicate H or W)	<input type="checkbox"/>				
Drop Off (indicate H or W)	<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
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Other	
Start Date: _____	Revised April 2022