



Student Name: _____ Grade: _____

School Name: _____ School Year: _____

Parent/Guardian Name: _____ Phone #: _____

Email Address _____

Mailing Address: _____

Transportation requested for: (please check appropriate boxes)

Before School: _____ Home Caregiver/Daycare
Full residential address required.

After School: _____ Home Caregiver/Daycare
Full residential address required.

Joint Custody

Special Circumstances to consider: (limit 200 words)

In signing below, I confirm that I understand that my child is not eligible for transportation under the regular distance criteria established and may be granted permission to ride a school bus under OSTA's [T1 Access to Empty Seat Policy](http://www.ottawaschoolbus.ca/policies/empty-seat-provision). I have read the administrative procedures (www.ottawaschoolbus.ca/policies/empty-seat-provision) and agree to these terms and conditions. Transportation provided under these conditions is a privilege, which may be revoked at any time for i) misbehaviour on the school bus, ii) the service required for an eligible student, or iii) if changes are required to route services to obtain operational efficiencies.

Signature of Parent/Guardian: _____ Date: _____

TO BE COMPLETED BY OSTA PERSONNEL ONLY

This application for transportation has been **Approved** **Not Approved**

The above student has been authorized to ride the school bus as follows: _____

Effective Date of Service

Effective End Date
(If applicable)

Please allow three days for processing

Time of Service	Route ID	Stop Location
Morning Pick Up		
Afternoon Drop Off		

Signature of OSTA Representative: _____ Date: _____

Once completed, please forward the application directly to OSTA by fax at 613-224-8840 or email at emptyseat@ottawaschoolbus.ca, with the name of the school in the subject line.