BUS APPLICATION
CONSENT FORM

Listuguj Education Directorate
1 Riverside West Listuguj, Qc G0C 2R0
Phone: 418-788-2248 Fax: 418-788-5980

Application for Consent of Address change

Application for the student change needs to be completed and submitted at least **one day** prior or **before 12:00 noon** to give the administration time to make the necessary arrangements. Please indicate if its a **pick up** change (from home) or **drop off** change to destination (to home or other).

DATE: _____

NAME of PARENT/GUARDIAN: _____ TEL/CELL: _____

Name of the **STUDENT** :_____

CLASS/GRADE:_____ TEACHER: _____

DESTINATION **NEW ADDRESS**: _____

_____

☐ **PICK UP** ☐ **DROP OFF**

☐ **FOR THE WEEK** STARTING Date: _____

END Date: _____

☐ OTHER/NOTE : _____

_____ _____

Signature of Parent Guardian *Date*

Reception Use Only

Date Received:_____

by:_____

From Digital Form ☐

Office Use Only

(to be filled by Manager)

Bus Driver Assigned:_____

Bus No:_____

_____

Date

_____

Manager signature