



**LISTUGUJ**  
EDUCATION DIRECTORATE

# BUS APPLICATION CONSENT FORM

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



# AGS

## 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**: \_\_\_\_\_  
\_\_\_\_\_

**ONE DAY ONLY**

**FOR THE WEEK** STARTING Date: \_\_\_\_\_  
END Date: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent Guardian*

\_\_\_\_\_  
*Date*

### Reception Use Only

Date Received: \_\_\_\_\_  
Approved by: \_\_\_\_\_

### Office Use Only (to be filled by Manager)

Bus Driver Assigned: \_\_\_\_\_  
Bus No: \_\_\_\_\_  
\_\_\_\_\_  
*Date*  
\_\_\_\_\_  
*Manager signature*



**LISTUGUJ**  
EDUCATION, TRAINING & EMPLOYMENT

# BUS APPLICATION CURRICULAR TRIPS

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

## Application for Curricular Trips

Application for the use of buses must be submitted at least **Five (5) days** prior to the date of the proposed trip.

Class: \_\_\_\_\_

Name of Supervisor/Applicant:  
\_\_\_\_\_

Date(s) : \_\_\_\_\_

Destination: \_\_\_\_\_  
\_\_\_\_\_

School : \_\_\_\_\_

Departure time from : \_\_\_\_\_

Return time back at : \_\_\_\_\_

No. of Pupils/Passagers: \_\_\_\_\_

Extras: \_\_\_\_\_

## Office Use Only

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Driver(s) Assigned: \_\_\_\_\_

Bus No: \_\_\_\_\_

Spare Bus Driver (if required)

## Bus Trip Report (to be filled by the driver)

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Departure time : \_\_\_\_\_

Return time : \_\_\_\_\_

Total hours : \_\_\_\_\_

Total KM : \_\_\_\_\_

## Office Use Only

(to be filled by Transportation Manager)

Hours \_\_\_\_\_ Total \_\_\_\_\_ Code \_\_\_\_\_

Regular hours: \_\_\_\_\_

Other Expense: \_\_\_\_\_

Invoice to:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Transportation Manager Signature*