

STUDENT CONVEYANCE APPROVAL FORM



Form 552-1

10/13/2010

Date: _____

Program: Home-to-School Equine Therapy Aqua Therapy Life Skills
 French Immersion Other _____

Home to School:

Student Name: _____ School: _____

Home Location: _____

Legal Land Location: _____

Phone: _____ Cell: _____

Excursion:

Student Information: (List student names) _____

Reason for Conveyance: _____

Pick up Location (Street Address or Legal Land Location): _____

Destination (Street Address): _____

Round Trip Distance (km): _____

Transportation will be by: Parent Staff Contractor Division Bus Handivan Other

Name & Address of Person/Persons transporting student: (Payment will only be made to those listed)

Expected Period Transportation will be required for: (List dates)

NWSD Office Use Only:

Authorized by _____ Date: _____
(Supervisor of Transportation)

Authorized by _____ Date: _____
(Director / Superintendent)

Approval Rate: _____ GL Account _____