



Student Transportation of Eastern Ontario

To Parents/Guardians,

Re: Family Accommodation Request for Transportation - School Year 2016/2017

Please find attached the “Family Accommodation Request for Transportation” package that you requested from STEO:

- Family Accommodation Request for Transportation form (School Year: 2016/2017)
- Family Accommodation Request for Transportation Guidelines
- Parent Confirmation form to be signed by both parents/guardians.
- School year calendar that you can use to provide a clearly defined consistent transportation schedule.

Please ensure that you read these documents thoroughly and all areas are filled in completely. If the documents are not completed or we are missing documents then this package will be returned to you and this will delay transportation being set-up for your child(ren).

These forms must be re-submitted on an annual basis to ensure that STEO has up-to-date and accurate information on your child(ren).

Safely transporting your child(ren) is STEO’s main concern and is the reason why these forms are necessary.

If you have any questions please feel free to contact our office at 1-855-925-0022, ext. 0.

Thank you.

Ron Cotnam
General Manager/CAO
Student Transportation of Eastern Ontario

Encl.



Family Accommodation Request for Transportation

School Year: 2016/2017

New Request

Application Renewal

This form and the Parent Confirmation form must be submitted to Student Transportation of Eastern Ontario (STEO). The Family Accommodation Request form has been created for dual custody families. By completing the Family Accommodation Request and the Parent Confirmation forms you are requesting eligibility for your child(ren) to ride on two different buses. Your request will be processed and you will be notified of the transportation arrangements. For further information refer to the Family Accommodation Request for Transportation Guidelines.

For consideration, please fax the completed forms to STEO at 613-925-0024 or email them to transportation@steo.ca. The mailing address is Student Transportation of Eastern Ontario, P.O. Box 1179, 104 Commerce Drive, Prescott, ON, K0E 1T0.

THIS SECTION TO BE COMPLETED BY PARENTS/GUARDIANS	
Student's Name	Student ID Number (found on report card)
Student's Grade	Home School that the Student is Currently Attending.

Student's Home Address One:			
Civic /House/Apt/Unit No. and Street Name			
City/Town/Municipality		Postal Code	
Busing Address			
Civic /House/Apt/Unit No. and Street Name			
City/Town/Municipality		Postal Code	
Name of Parent/Guardian (Please Print)		Telephone: Home	Telephone: Work
Student's Home Address Two:			
Civic /House/Apt/Unit No. and Street Name			
City/Town/Municipality		Postal Code	
Busing Address			
Civic /House/Apt/Unit No. and Street Name			
City/Town/Municipality		Postal Code	
Name of Parent/Guardian (Please Print)		Telephone: Home	Telephone: Work

Requested Date for Start of Transportation	
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Signature of Principal:	Date

THIS SECTION TO BE COMPLETED BY STEO (for 1 st Bus)	
Operator & Route #	Start Date
Pick-up Location & Time	Drop-off Location & Time
Transportation Planner's Signature	

THIS SECTION TO BE COMPLETED BY STEO (for 2nd Bus)	
Operator & Route #	Start Date
Pick-up Location & Time	Drop-off Location & Time
Transportation Planner's Signature	



Student Transportation of Eastern Ontario

Family Accommodation Request for Transportation – Parent Confirmation

2016/2017 School Year

Student Transportation of Eastern Ontario
P.O. Box 1179
104 Commerce Dr.
Prescott, ON
K0E 1T0

To Whom It May Concern:

This letter is to verify that a **“Family Accommodation Request for Transportation”** form has been completed for my son/daughter, _____. I acknowledge that I am aware of the transportation arrangements that have been requested for my child.

Name of Mother/Guardian (Please Print)

Date

Mother/Guardian’s Signature

Date

Name of Father/Guardian (Please Print)

Date

Father/Guardian’s Signature

Date



Student Name: _____

School: _____

SCHOOL YEAR CALENDAR 2016 - 2017

SEPTEMBER 2016				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

OCTOBER 2016				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

NOVEMBER 2016				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

DECEMBER 2016				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JANUARY 2017				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

FEBRUARY 2017				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28			

MARCH 2017				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
22	21	22	23	24
27	28	29	30	31

APRIL 2017				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

MAY 2017				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

JUNE 2017				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

***Please indicate the transportation requirements of the child on each day of the calendar by placing #1 or #2, as corresponding to the addresses below. Both guardians must sign below.**

Address 1: _____

Address 2: _____

Mother/Guardian
Signature: _____

Father/Guardian
Signature: _____