



COMMISSION SCOLAIRE SIR WILFRID LAURIER  
SIR WILFRID LAURIER SCHOOL BOARD

I acknowledge that my child's address for transportation is within walking distance of the school and request transportation by school bus where is available seating and routing alterations are required

SCHOOL YEAR: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT(S) \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_

Please check boxes:

|                         |                           |
|-------------------------|---------------------------|
| MORNING TRANSPORTATION* | AFTERNOON TRANSPORTATION* |
|-------------------------|---------------------------|

From:

Home address (same as above) OR