



EDITH CAVELL ELEMENTARY SCHOOL
 500 West 20th Avenue, Vancouver, B.C. V5Z 1X7
 Phone: 604-713-4932 ♦ Fax: 604-713-4934

2020-2021 CAVELL BUS SERVICE REQUEST FORM

June 2020

Dear Cavell Elementary School Families:

This is a bus service request form for Cavell students that would like to register for Bus Service for the 2020-2021 school year.

Bus assignment will be confirmed by email(s) from the Cavell School Office.

Please ensure that you and your student(s) have read and reviewed the Bus Service Information in the *Edith Cavell Parent Busing Brochure: September 2020* prior to registering for Bus Service.

Please return this form to the Cavell School Office by Monday, June 15, 2020.

Thank you.
 Ms. Lori Prodan
 Principal – Cavell Elementary school

Child's Name _____ Gr _____ Child's Name _____ Gr _____

Child's Name _____ Gr _____ Child's Name _____ Gr _____

One form per family. Please indicate grade in 2020-2021

<p>BUS OPTION 1</p> <p><u>Morning</u> Arrives at Cavell – 8:00am Departing Cavell – 8:10 am Arrives at Maple Grove – 8:30 am</p> <p><u>Afternoon</u> Arrives at Maple Grove – 2:45 pm Departing Maple Grove – 2:55 pm Arrives at Cavell – 3:15 pm</p>
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<p>BUS OPTION 2</p> <p><u>Morning</u> Arrives at Cavell – 8:10 am Departing Cavell – 8:20 am Arrives at Maple Grove – 8:40 am</p> <p><u>Afternoon</u> Arrives at Maple Grove – 2:55 pm Departing Maple Grove – 3:05 pm Arrives at Cavell – 3:25 pm</p>

- I would like to request Option # _____
- The following people will be waiting with my child(ren) during morning bus pick-up:

Name	Relationship	Phone Number



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3. The following people have permission to pick-up my child(ren) during afternoon bus drop-off:

Name	Relationship	Phone Number

4. **Emergency Contacts:** *Please make sure that you have notified the emergency contacts that they will be called if there is no one to accept your child from the bus service and they may have to pick up your child.

Name	Relationship	Phone Number

5. Do you give your child(ren) permission to walk home once the bus drops off at Cavell Elementary School in the afternoon?

_____ (YES / NO)

6. Do you have any further questions, comments, or considerations about the Cavell Elementary Bus Service?

Name of parent/guardian completing this form _____ Contact Number _____

Signature of parent/guardian completing this form _____