

NAVETTE SCOLAIRE / SCHOOL BUS

Le 19 août 2008

Chers parents,

Le service de navette scolaire débutera dès le **mardi 2 septembre 2008 AU MATIN** et assurera le transport des enfants pour le trajet aller-retour ÉFIV-Vancouver durant l'année scolaire.

La Compagnie First Student Canada (précédemment connue sous le nom de Cardinal Transportation) est agréée pour assurer le transport scolaire selon les normes fixées par la législation provinciale. Elle utilisera le même bus que les sept années précédentes, équipé de sièges spéciaux avec ceintures de sécurité adaptées aux enfants de moins de 5 ans.

Il est impératif de remettre les formulaires à l'école au plus tard le 28 août 2008 (parties 1 et 2), accompagnés de tous les chèques post-datés afin que votre enfant puisse prendre le bus dès sa mise en service.

Pour toute question concernant le transport scolaire ou au cas où vous ne seriez pas satisfait du service, veuillez contacter le secrétariat au 604-924-2457 ou contacter directement First student Canada (Charlene) au **604-255-3555**.

August 19, 2008

Dear Parents,

The bus service will resume **IN THE MORNING OF Tuesday, September 2, 2008** and provide a morning-afternoon transportation route, from ÉFIV to Vancouver during the school year.

First Student Canada (previously called Cardinal Transportation), will provide us with the same bus we have had the previous seven years, equipped with special seats with restraint systems for children under the age of 5. The company is fully licensed and insured for such service.

Please fill out **one enclosed registration form per child for part 2 and one per family for part 1, attach all post-dated cheques**, and return everything to the school before August 28, 2008 so that your child (ren) can use the bus service as of Tuesday, September 2, 2008.

Should you need more information about the school bus, or if you are not satisfied with the service provided, please feel free to contact the office at 604-924-2457 or call For Student Canada (Charlene), at **604-255-3555**.

Cordialement/ Sincerely,

Anthony Bulteau,

Directeur/ Principal

HORAIRES DU BUS /BUS SCHEDULE

First Student Canada's contact name: Charlene @ 604-255-3555

	MATIN/ MORNING	Arrivée / Arrival	Départ / Departure
Stop #1	4 th St. & Woodland	7:15 am	7:17am
Stop #2	Kingsway & Nanaimo (Eldorado hotel parking)	7:30am	7:32am
Stop #3	Granville & 6 th	8:00am	8:02am
Stop #4	Roundhouse Community Center, 181 Roundhouse Mews (Yaletown) pick up on Drake St. south	8:20am	8:22am
Stop #5	Georgia St. and Denman – pick up Denman North of Georgia – parking lot	8:30am	8:32am
Stop #6	Efiv Monteray Ave.	9:00am	
	APRES-MIDI/ AFTERNOON	Arrivée / Arrival	Départ / Departure
Stop #1	Efiv Monteray Ave.	3:30 pm	immediate
Stop #2	Georgia St. and Denman – pick up Denman south of Georgia – parking lot (right turn onto Denman)	3:50pm	immediate
Stop #3	Roundhouse Community Center, between Drake & Davie on Pacific	4:00pm	immediate
Stop #4	Granville & 6 th	4:05pm	immediate
Stop #5	Fir & 14 th	4:10pm	immediate
Stop #6	King Edward between Laurel and Oak St.	4:15pm	immediate
Stop #7	Kingsway & Nanaimo (Eldorado hotel parking)	4:40pm	immediate
Stop #8	4 th & Woodland	5:00pm	immediate

Veuillez noter que ces horaires sont **approximatifs**.

Les embouteillages, les conditions météo, les travaux et d'autres facteurs peuvent entraîner des retards indépendants de notre volonté. Cependant, par égard pour les autres familles et afin que le chauffeur puisse respecter l'horaire établi, nous vous remercions d'être ponctuel au point de ramassage que vous aurez choisi.

Ces horaires, trajets ou points de ramassage pourront être modifiés en cas de travaux, pour raison de sécurité, ou pour toute autre raison le justifiant. Les parents en seront informés si le cas se présente.

Please note that this schedule **may slightly vary**.

Traffic, weather conditions, construction work, and other factors may delay both the departure and arrival times. However, as a courtesy to the other families and in order to respect the driver's schedule, we would appreciate if you could be on time at the drop-off point you have selected. Times, route or drop-off points are subject to change in case of road works, or for safety reasons, or for any other justifiable reason. Parents shall be notified of any changes.

BUS SERVICE REGISTRATION FORM 2008/ 2009 (Part 1)

I, the undersigned being the father, mother or legal guardian of
(name(s) of child(ren)),

hereby register him/her/them for the bus service provided by First Student Canada for the purpose of picking him/her/them up at the Efv Monterey street in North Vancouver and taking him/her/them to a designated drop-off area for the entire school year 2008/2009 according to the school days on EFIV's calendar.

If I do not intend to have my child(ren) picked up at the school one day, or require my child(ren) to be dropped off at a different point than his regular stop, **I will contact the school the day before and make sure the school is aware of this.**

As a courtesy to the other families and in order to respect the driver's schedule, I understand that **changes will be accepted on exceptional occasions, in writing, and for valid reasons only, and I will be on time to pick up my child(ren)** at his/her/their designated stop.

PAYMENT

As installments for the payment of this bus service, I have enclosed:

- 10 post-dated cheques of **\$198** for morning-afternoon service,
- 10 post-dated cheques of **\$102** for morning **OR** afternoon service,
- 10 post-dated cheques of **\$330** for 2 or more children **morning-afternoon** service,
- 10 post-dated cheques of \$ (please specify) for another combination (**\$15 per day**)

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payable to ÉFIV, and dated as follows : Sept.10th to June 10th.

I have filled and attached part 2 of this registration form.

Dated the day of, 200... in (city).....

Name (please print):

Signature:

BUS SERVICE REGISTRATION FORM 2008/2009 (Part 2)

(Please fill form one per child)

1. Student

First name: Last name:

Date of birth (day / month / year): / /

Address:

Medical information that Cardinal Transportation should know:

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Care card #:

Allergies:

Family doctor: Tel:

Address:

2. Parents

Father: Mother:

or legal guardian(s) :

Address (if different from student's address):

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Tel. Home: Work:

Cell: (Father) (Mother)

3. Alternate contact person(s) (adult authorized to pick-up the child)

Name: Tel. (H) (W) (Cell)

Name: Tel. (H) (W) (Cell)

Name: Tel. (H) (W) (Cell)

4. Morning pick-up (please circle your choice)

- 1. 4th & Woodland
- 2. Kingsway & Nanaïmo
- 3. Granville & 6th
- 4. Roundhouse C.C
- 5. Georgia & Denman

Special request:

Please specify the date(s) _____

Afternoon drop-off

- 1. Georgia & Denman
- 2. Roundhouse C.C
- 3. Granville & 6th
- 4. Fir & 14th
- 5. King Ed & Oak
- 6. Kingsway & Nanaïmo
- 7. 4th & Woodland