



Christian Parents Association

Box 518 • Emo, ON • P0W 1E0 • (807) 482-3838

CPA Transportation

Request for Alternate Pick-Up/Drop-Off

Student's Given Name: _____

Parent/Guardian's Name: _____

Home Physical Address: _____

Home Phone: _____ Cell Phone: _____ Grade: _____

Please choose a designated CPA bus stop.

Alternate Pick-Up Spot (AM): _____

Dates Required for Alternate Pick-Up Spot: _____

Alternate Drop-Off Spot (PM): _____

Dates Required for Alternate Drop-Off Spot: _____

Signature of Parent: _____ Date: _____