



Transportation Request Form

Student(s) Information:

Last name	First name	School	Grade	FI	DOB(M/D/Y)	Gender M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

****FI – French Immersion****

Please note any medical conditions the bus driver should be aware of:

Home Address Mailing Address
(If applicable)

OR: Land Location (If applicable) Quarter Sections Township Range W3RD

Morning Pickup Address only if different from home

Afternoon Drop-off Address Requested

Check if Morning and Afternoon locations are the same

New Request OR Change

Effective Date :

Parent/Guardian Information

Name: Main Contact Phone Alternate Number

Email Relationship to the Student(s)

Name: Main Contact Phone Alternate Number

Email Relationship to the Student(s)

Emergency Contact Information: Used if parent/Guardian is not available in an emergency

Name: Main Contact Phone Alternate Number

Relationship to the Student(s)

****During the school year, please allow 3 school days for changes to take effect.**

****Please contact the Transportation Department at (306) 778 9200 Ext 3281 if you have any questions.**

**** Fax completed form to 306-778-9239, email - fbocek@chinooksd.ca or mail to CSD Box 1809, Swift Current, SK S9H 4J8**

Additional Comments:

******Bussing is subject to Eligibility******

Office Use only: On bus # : Off bus # : Effective Date :

Updated: Jul 12-2016