



Student(s) Information:

Last name	First name	School	Grade	FI	DOB(M/D/Y)	
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****FI – French Immersion****

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

Home Address Mailing Address (If different) Postal Code

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) 778-9236 if you have any questions.

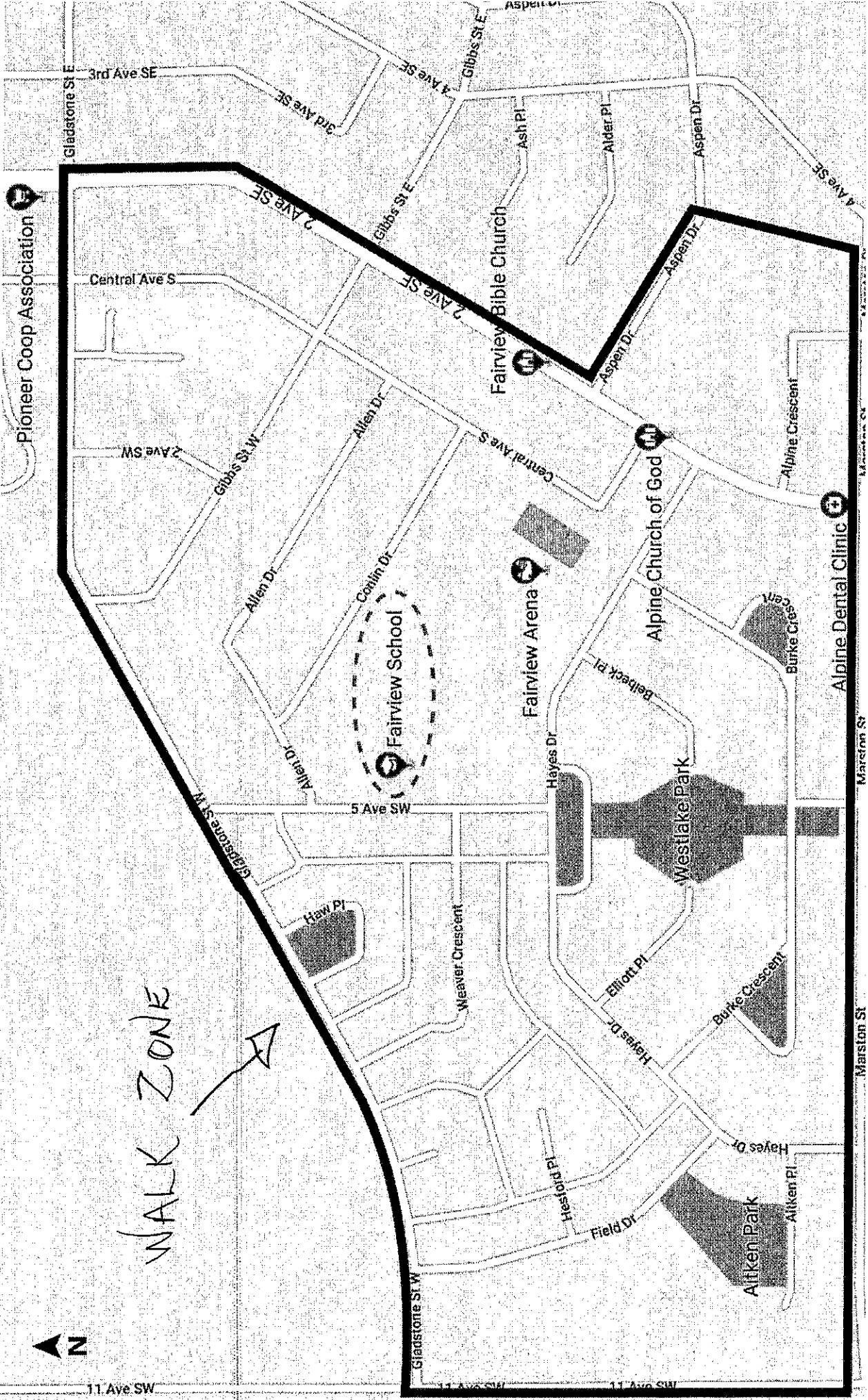
** Fax completed form to 306-778-9239, email: aevjen67@chinooksd.ca or mail : CSD Box 1809, Swift Current, SK S9H

Additional Comments:

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

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

Please be advised that bussing can only be provided to the school within the catchment area. Keep this in mind if you choose to relocate. Your pickup/drop-off location must be in the catchment area of your school to be eligible for bussing.



WALK ZONE - Fairview School

March 2018