



Transportation Department
Box 1809
Swift Current, SK S9H 4J8
Phone: 306 778-9236
Fax: 306-778-9239

ALTERNATE SCHOOL LOCATION FORM

“Alternate Location” refers to any school location other than the school closest to the residence of a student, or the school presently being attended.

Name of Student: _____

Date of Birth: _____

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**PRESENT SCHOOL:**

School currently attended: \_\_\_\_\_

Grade/Program currently enrolled in: \_\_\_\_\_

Reason for Transfer:

- School closure or grade discontinuance
- Academic, social or emotional concerns – Please provide a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_

- Special programming is not available or can not be economically provided at the school closest to the residence.
- Other – Please provide a brief explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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RECEIVING SCHOOL:

School being applied for: _____

School year applied for: _____

Grade/Program applied for: _____

Is transportation requested: yes no

Date to which transportation is needed: _____

PARENTAL INFORMATION:

Name of Parent/Guardian: _____

Mailing Address: _____
Address Town PC

Legal Land Description (if applicable): _____

Telephone: (Home) _____ (Work) _____
(Cell) _____

Signature of Parent/Guardian: _____

Date: _____

Application is to be forwarded to the Transportation Department

Superintendent Signature _____ Date: _____