Chinook School Division

Transportation Request Form

Student(s) Information:

Last name	First name	School	Grade	FI	DOB(M/D/Y)	Gender M/F

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 9236 if you have any questions.

** Fax completed form to 306-778-9239, email - fbochek@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: Mar 8-2016