



# Transportation Request Form

## Student(s) Information:

Last name	First name	School	Grade	FI	DOB(M/D/Y)	
<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:

<input type="text"/>		Postal Code
Home Address	<input type="text"/>	Mailing Address (If different)
<input type="text"/>		<input type="text"/>

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

<input type="text"/>	<input type="text"/>
New Request <input type="checkbox"/> OR Change <input type="checkbox"/>	Effective Date : <input type="text"/>

## Parent/Guardian Information

Name: <input type="text"/>	Main Contact Phone <input type="text"/>	Alternate Number <input type="text"/>
Email <input type="text"/>	Relationship to the Student(s) <input type="text"/>	
Name: <input type="text"/>	Main Contact Phone <input type="text"/>	Alternate Number <input type="text"/>
Email <input type="text"/>	Relationship to the Student(s) <input type="text"/>	

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

Name: <input type="text"/>	Main Contact Phone <input type="text"/>	Alternate Number <input type="text"/>
Relationship to the Student(s) <input type="text"/>		

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

**\*\*Please contact the Transportation Department at (306) 778-9234 if you have any questions.**

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

## Additional Comments:

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

Office Use only:	On bus # :	AM	PM	Off bus # :	AM	PM	Effective Date :	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.