|  |  |  |  |
| --- | --- | --- | --- |
| **Student(s) Information:** |  |  |  |
| Last name First name |  |  |  |
|   | School  |  Grade |  Date of Birth (M/D/Y)  |
|   | School  |  Grade |  Date of Birth (M/D/Y)  |
|   | School |  Grade |  Date of Birth (M/D/Y)  |

|  |
| --- |
| Please note any medical conditions the bus driver should be aware of: |
| Home Address Mailing Address (If applicable) |
| OR: Land Location ( If applicable) Quarter Section Township Range  |

|  |
| --- |
| **Morning Pickup Address Requested: Needed only if different** **Afternoon Drop-off Address Requested** **from home**  **☐** Check if Morning and Afternoon locations are the sameNew 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 NumberEmail 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** to fbochek@chinooksd.ca **or** **mail** to CSD Box 1809, Swift Current, SK S9H 4J8 |
| **Additional Comments:** |

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