|  |  |  |  |
| --- | --- | --- | --- |
| **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 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** to [fbochek@chinooksd.ca](mailto:fbochek@chinooksd.ca) **or** **mail** to CSD Box 1809, Swift Current, SK S9H 4J8 | | | |
| **Additional Comments:** | |

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