|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:  Postal Code | | | | | |
| Home Address Mailing Address  (If different) | | | | | |
| OR: Land Location (If applicable) Quarter Sections Township Range W3RD | | | | | |

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| **Morning Pickup Address only if different from home** **Afternoon Drop-off Address Requested**  Check if Morning and Afternoon locations are the same  New Request ORChange **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 9200 Ext 3282 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\*\*\*\*

**AM**  **PM**

**AM** **PM**

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| **Office Use only:** On bus # : Off bus # : Effective Date : |

Updated 11 January 2019

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.