



Transportation Request Form

Student(s) Information:

Last name	First name	School	Grade	Date of Birth (M/D/Y)
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Please note any medical conditions the bus driver should be aware of:

Home Address	<input type="text"/>	Mailing Address (If applicable)	<input type="text"/>
OR: Land Location (If applicable)	Quarter <input type="text"/>	Section <input type="text"/>	Township <input type="text"/> Range <input type="text"/>

Morning Pickup Address Requested: Needed 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"/>
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New Request OR Change Effective Date :

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 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****