

# TRANSPORTATION APPLICATION (FORM A)



Complete Parts A and B and return the completed form to the class teacher or principal.

Date: \_\_\_\_\_

## PART A

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

## PART B

School bus transportation is requested for the above named student.

Living at: \_\_\_\_\_ Phone: \_\_\_\_\_

Babysitter address (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Student attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

\_\_\_\_\_  
Parent/student signature

Check appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending EAL                      |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending International Baccalaureate         | Vocation/course: _____  |
| <input type="checkbox"/> Student attending Advanced Placement                  | Time: _____   |

\_\_\_\_\_  
Principal signature

**Any changes relating to the information contained in this form must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202.

## RELEVANT MEDICAL INFORMATION

Please check if your child has any conditions that could require intervention during transportation:

- |   |   |
|---|---|
| <input type="checkbox"/> Life-threatening allergy to: _____ | <input type="checkbox"/> Seizure disorder               |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Other (please indicate): _____ |

## FOR DEPARTMENT USE ONLY

Request approved: \_\_\_\_\_ Pickup bus: \_\_\_\_\_

Request denied: \_\_\_\_\_ Transfer to: \_\_\_\_\_

Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

Authorized: \_\_\_\_\_

\_\_\_\_\_  
Date