

TRANSPORTATION APPLICATION (FORM A)



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

PART A

Student name: (Last) _____ (First) _____

Mailing address: _____

City/town: _____ Postal code: _____

PART B

School bus transportation is requested for the above named student.

Home address: _____ Phone: _____

Babysitter address (if applicable): _____ Phone: _____

School: _____ Grade: _____ Cohort: _____

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 | <input type="checkbox"/> Student attending kindergarten, odd days |
| <input type="checkbox"/> Student attending Advanced Placement | <input type="checkbox"/> Student attending kindergarten, even days |

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:

- Life-threatening allergy to: _____ Other (please indicate): _____
- Diabetes Seizure disorder Asthma

FOR DEPARTMENT USE ONLY

Request approved: _____ Pickup bus: _____

Request denied: _____ Transfer to: _____

Transfer bus: _____

Take home bus: _____

Authorized: _____ Date: _____