

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