

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: ____ K-AM K-PM Student #: _____

Parent/student signature

Check appropriate box:

Student attending French immersion

Student attending regular academic program

Student attending English-German Bilingual Program

Student attending EAL

Student attending English-Ukrainian Bilingual Program

Student attending vocational program

Student attending International Baccalaureate

Vocation/course: _____

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:

Life-threatening allergy to: _____

Seizure disorder

Diabetes

Other (please indicate): _____

FOR DEPARTMENT USE ONLY

Request approved: _____ Pickup bus: _____

Request denied: _____ Transfer to: _____

Transfer bus: _____

Take home bus: _____

Authorized: _____

Date