City Form



Transportation Request Form

Student(s) Information:						
Last name	First name	School	Grade	FI	DOB(M/D/Y)	
					_	
**						
FI – French Immersion Please note any medical conditions the bus driver should be aware of:						
Flease flote any filedical conditions the bus driver should be aware of.						
						Postal Code
Home Address			ling Address			
			lifferent)			
OR: Land Location	n (If applicable) Quarter	Sections	Tov	wnship	Range	W3RD
Advancing District Address with if different from hours						
Morning Pickup Address only if different from home Afternoon Drop-off Address Requested Check if Morning and Afternoon locations are the same						
		The fining and fine fine of		tire surre		
New Request OR Change Effective Date:						
Parent/Guardian Information						
Name:		Main Contact Ph	one		Alternate Number	
Email		Relationship to the	ha Studant/s	\ [
Liliali		Relationship to ti	ne stadent(s)	/		
Name:		Main Contact Ph	one		Alternate Number	
Email		Relationship to t	he Student(s	5)		
Emergency Contact Information: Used if parent/Guardian is not available in an emergency						
Name:	act information. Osed if	Main Contact Ph			Alternate Number	
Name.		Widin Contact in	one		Alternate Number	
Relationship to t	he Student(s)					
**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: aevjen67@chinooksd.ca or mail: CSD Box 1809, Swift Current, SK S9H						
Additional Comments:						
****Bussing is subject to Eligibility****						
AM PM AM PM						
Office Use only		Off bus #	‡:		Effective Date :	
Please be advised that bussing can only be provided to the school within the catchment area. Keep this in mind if you choose to						
relocate. Your pickup/drop-off location must be in the catchment area of your school to be eligible for bussing.						