



# Request for Transportation

Please Note: A student's enrollment to a school outside of their designated catchment area and/or division does not guarantee transportation services

\_\_\_\_\_ New  
\_\_\_\_\_ Change  
\_\_\_\_\_ Re-apply

Enrolment: \_\_\_\_\_ Regular \_\_\_\_\_ \*School of Choice \_\_\_\_\_ \*Program Not Offered

Student's Name: \_\_\_\_\_

School Chosen: \_\_\_\_\_

Grade: \_\_\_\_\_ Program: \_\_\_\_\_ English \_\_\_\_\_ French Immersion

Bus start date (please allow for a minimum 5 day processing): \_\_\_\_\_

Name of parent(s) or guardian: \_\_\_\_\_

**Legal Land Description is required** (SW15-8-7E or River lot): \_\_\_\_\_

Civic/911 Address and/or Municipal Rd (**Required**): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary #: \_\_\_\_\_ Alternate #1: \_\_\_\_\_ Alternate #2: \_\_\_\_\_

Name of students currently bused from this address: \_\_\_\_\_

---

## CAREGIVER INFO

Name of caregiver: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Is the pick-up address the same as the address of the residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no" must include **legal description of land**: \_\_\_\_\_

Civic/911 Address: \_\_\_\_\_ Town / City: \_\_\_\_\_

---

## SCHOOL USE ONLY

Does this student have any special needs? YES or NO \_\_\_\_\_ (TP and URIS to follow)

Does this student have any health concerns? YES or NO \_\_\_\_\_ (TP and URIS to follow)

Does this student require a: Bus Aid: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Harness: \_\_\_\_\_ Lap Belt: \_\_\_\_\_

---

## TRANSPORTATION OFFICE USE ONLY

Bus # \_\_\_\_\_ **Denied** Walking distance \_\_\_\_\_

P/U Time \_\_\_\_\_ Non-eligible Unavailability of space \_\_\_\_\_

Location \_\_\_\_\_ Non-eligible No route in area/direction \_\_\_\_\_