



# Request for Transportation

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

Please Note: A student's enrolment to a school outside of their designated catchment area and/or division does not guarantee transportation services  
*\*This form must be attached to the school of choice/program not offered application (forward all to Karen at division office)*

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): \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

**Legal Land Description:**(SW15-8-7E) (Required if outside of town): \_\_\_\_\_

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

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

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

Home #: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Students currently bussed from this address? \_\_\_\_\_

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

If "no": **Legal description of land:** \_\_\_\_\_

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

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

### SCHOOL USE ONLY

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

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

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

### TRANSPORTATION OFFICE USE ONLY

<b>S of C / PNO accepted</b>	Bus # _____	<b>Denied</b> Walking distance _____	
	<b>YES</b> _____		Non-eligible Unavailability of space _____
	<b>NO</b> _____		Non-eligible No route in area/direction _____

Transportation Department  
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1-204-422-6222 / [transportation@srsd.ca](mailto:transportation@srsd.ca)