



# Student Transportation Information Form 2017-2018

Ph: 306 791-8245

REGINA PUBLIC SCHOOL DIV #4

Fax: 306 791-8651 email: transportation@rbe.sk.ca

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

PowerSchool ID # \_\_\_\_\_

NEW STUDENT(S)  CHANGE FOR EXISTING RIDER(S)  \_\_\_\_\_ EXCEPTION REQUEST

1. Last Name \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M   
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Grade \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program) \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M   
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Grade \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program) \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M   
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program) \_\_\_\_\_

### HOME ADDRESS:

Apt/Unit # \_\_\_\_\_ Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

### ALTERNATE ADDRESS: If pick up and drop off are other than HOME address (such as Childcare Provider)

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Name: \_\_\_\_\_

\*Please note: Transportation cannot accommodate alternating schedules. We can only accommodate set days per week remaining the same each week.

Please indicate transportation below: H = Thursday

PICK UP: Home: M T W H F

RETURN: Home: M T W H F

Alternate: M T W H F

Alternate M T W H F

PICK UP NOT REQUIRED

RETURN NOT REQUIRED

Date Required: \_\_\_\_\_ NOTES: \_\_\_\_\_

Name(s) of sibling(s) transported: \_\_\_\_\_

For busing inquiries call dispatch 306 546-4022 For changes & eligibility call 306 791-8245 (school board)

PICK UP STOP: \_\_\_\_\_ TIME \_\_\_\_\_ (approx.)

Route \_\_\_\_\_ Existing Stop  New Stop  Bus Color \_\_\_\_\_ Vender (taxi) / bus driver \_\_\_\_\_

DROP OFF STOP: \_\_\_\_\_ TIME \_\_\_\_\_ (approx.)

Route \_\_\_\_\_ Existing Stop  New Stop  Bus Color \_\_\_\_\_ Vender (taxi) / bus driver \_\_\_\_\_

Qualify  Exception  > Granted  Denied  reason \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ Database updated By/On \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

Copy for busing  Copy for school  Copy for LVT  SCHOOL PLEASE CALL PARENTS  PARENTS CALLED