

# TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application must be completed by the parent/guardian. It can be returned to the school or emailed directly to transportation (see below). Please be aware that it may take **up to five business days** to process your transportation application.

Date: \_\_\_\_\_  **Student requires busing**  **Student does NOT require busing**

New to the division  Current student new to busing  Address change  School change  Change in sitter

Student name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Home address: \_\_\_\_\_ City/town: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home phone: \_\_\_\_\_

Sitter address (if applicable): \_\_\_\_\_ Sitter phone: \_\_\_\_\_

Please indicate **BUSED** siblings living in the same home, or siblings with **BUS APPLICATIONS SUBMITTED** and their school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child has a medical condition**

**Medical information provided at the time of registration will be shared with the transportation department to support your child on the school bus. If anything has changed for your child since that time, please ensure that the school has the most up to date information.**

Please check appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending EAL                      |

Parent/guardian signature \_\_\_\_\_ Requested start date: \_\_\_\_\_

**Any changes relating to the information contained in this application must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202. Email this application to [transportation@retsd.mb.ca](mailto:transportation@retsd.mb.ca).

## FOR DEPARTMENT USE ONLY

Pickup bus: \_\_\_\_\_

AM transfer bus: \_\_\_\_\_

PM transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_