

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application should be completed by the parent/guardian. 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:

Please check any health conditions your child has that *could require intervention during transportation*:

Life-threatening allergy to: _____ Asthma Diabetes Seizure disorder
 Other (please indicate): _____

Please check appropriate box:

Student attending French immersion Student attending Advanced Placement
 Student attending English-German Bilingual Program Student attending Vocational Program
 Student attending English-Ukrainian Bilingual Program Student attending EAL
 Student attending regular academic program

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.

FOR DEPARTMENT USE ONLY

Pickup bus: _____

Transfer bus: _____

Transfer bus: _____

Take home bus: _____ Completed by and date: _____