

# 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:

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

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](mailto:transportation@retsd.mb.ca).

## FOR DEPARTMENT USE ONLY

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

AM Transfer bus: \_\_\_\_\_

PM Transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_ Completed by and date: \_\_\_\_\_