

TRANSPORTATION APPLICATION (FORM A)



Date: _____

PART A — Parent/guardian complete Part A and return form to the school

Student name: (Last) _____ (First) _____

Home address: _____ Phone: _____

City/town: _____ Postal code: _____

School: _____ Grade: _____

Babysitter address (if applicable): _____ Phone: _____

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

Life-threatening allergy to: _____ Other (please indicate): _____

Diabetes Seizure disorder Asthma

Parent/student signature Requested start date: _____

PART B — To be completed by the school

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 EAL |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending vocational program |
| <input type="checkbox"/> Student attending International Baccalaureate | <input type="checkbox"/> Student attending kindergarten, odd days |
| <input type="checkbox"/> Student attending Advanced Placement | <input type="checkbox"/> Student attending kindergarten, even days |

Principal signature Cohort: _____

Any changes relating to the information contained in this form must be reported to the transportation department immediately. Questions should be directed to the transportation department at 204.669.0202.

FOR DEPARTMENT USE ONLY

Pickup bus: _____ Other details: _____

Transfer to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____