

# 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: \_\_\_\_\_