

TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application should be completed by the parent/guardian and returned to the school. Please be aware that it may take **three to five business days** to process your transportation application.

Date: _____

New to the division Address change

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/guardian signature

Requested start date: _____

Check appropriate box:

Student attending French immersion

Student attending EAL

Student attending English-German Bilingual Program

Student attending vocational program

Student attending English-Ukrainian Bilingual Program

Student attending kindergarten, odd days

Student attending Advanced Placement

Student attending kindergarten, even days

Student attending regular academic program

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 to: _____

Transfer bus: _____

Take home bus: _____

Completed by: _____ Busing start date: _____