|  |  |  |  |
| --- | --- | --- | --- |
|  | **Form 550-1** | | |
|  | **Student Bus Transportation Request** | | |
| **Vertical_BW PNG 060409** | Box 700, Rosetown, Sask., S0L 2V0  Phone: (306) 882-2677 Fax: (306) 882-3366  Toll Free: 1(866) 375-2677,  Email: transportation@sunwestsd.ca | **Reference** | **AP 550 Transportation of Student on a School Bus** |
| **Revised** | **December 22, 2017** |
| **Level** | **Division** |
| **Submit to** | **Transportation Supervisor** |
| **When** | **As Required** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bus Request Start Date:** |  |  | **20** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mother/Guardian** | | | | | | | | | |  | **Father/Guardian** | | | | | | | | | | | |
| Name: |  | | | | | | | | |  | Name: |  | | | | | | | | | | |
|  | | |  | | | | | | |  |  | | |  | | | | | | | | |
| Mailing Address: | | |  | | | | | | |  | Mailing Address: | | |  | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | | | |
|  | |  | | |  | |  | | |  |  | |  | | | |  | | |  | | |
| Phone: | |  | | | Work: | |  | | |  | Phone: | |  | | | | Work: | | |  | | |
| Cell: | |  | | | | | | | |  | Cell: | |  | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | | | |
| Preferred Contact Number | | | |  | Cell |  | Home |  | Work |  | Preferred Contact Number | | | |  | Cell | |  | Home | |  | Work |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Legal Land Description |  |  | - |  | - |  | - |  | - | W of |  |
|  |  | (NE, NW, SE or SW) |  | (Section) |  | (Township) |  | (Range) |  | (Meridian) | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are there currently students being transported from this residence? | Yes |  |  | No |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION:** | | | | | | | | | | | |
| Name: |  |  | School: |  |  | Grade: |  |  |  | DOB: |  |
| Name |  |  | School: |  |  | Grade: |  |  |  | DOB: |  |
| Name: |  |  | School: |  |  | Grade: |  |  |  | DOB: |  |
| Name: |  |  | School: |  |  | Grade: |  |  |  | DOB: |  |
| Name: |  |  | School: |  |  | Grade: |  |  |  | DOB: |  |

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| Please list any information that the bus driver needs to be aware of (such as health or custody issues): |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent Signature** | | | | | | |  | | | | | **Date** | |
|  | | | | | | | | | | | | | |
| **NOTE:** Upon approval the Transportation Department will set up bussing arrangements for the student | | | | | | | | | | | | | |
| **Office Use Only** | | | | | | | | | | | | | |
| Bus Route: |  | | | | | | | Driver: |  | | | | |
| Comments: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | |  |  |  |  | | | |  |  | |  |
| Driver Informed: | | |  |  | Method: |  | | | |  | Date: | |  |
| Approved By: | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

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|  |  | GeoRef Entry Date: |  |