



Student Transportation Information Form 2017-2018

Ph: 306 791-8245

REGINA PUBLIC SCHOOL DIV #4

Fax: 306 791-8651 email: transportation@rbe.sk.ca

School: _____

PowerSchool ID # _____

NEW STUDENT(S) CHANGE FOR EXISTING RIDER(S) _____ EXCEPTION REQUEST

1. Last Name _____ First Name(s): _____ Gender: F M
 Date of Birth: Month _____ Day _____ Year _____
 Grade _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program) _____

2. Last Name _____ First Name(s): _____ Gender: F M
 Date of Birth: Month _____ Day _____ Year _____
 Grade _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program) _____

3. Last Name: _____ First Name(s): _____ Gender: F M
 Date of Birth: Month _____ Day _____ Year _____
 Grade: _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program) _____

HOME ADDRESS:

Apt/Unit # _____ Address _____ Postal Code: _____

Phone Number: _____ email _____

Mom's Name _____ Cell/Work Phone # _____

Dad's Name _____ Cell/Work Phone # _____

ALTERNATE ADDRESS: If pick up and drop off are other than HOME address (such as Childcare Provider)

Address _____ Phone # _____

Alternate Name: _____

*Please note: Transportation cannot accommodate alternating schedules. We can only accommodate set days per week remaining the same each week.

Please indicate transportation below: H = Thursday

PICK UP: Home: M T W H F

RETURN: Home: M T W H F

Alternate: M T W H F

Alternate M T W H F

PICK UP NOT REQUIRED

RETURN NOT REQUIRED

Date Required: _____ NOTES: _____

Name(s) of sibling(s) transported: _____

For busing inquiries call dispatch 306 546-4022 For changes & eligibility call 306 791-8245 (school board)

PICK UP STOP: _____ TIME _____ (approx.)

Route _____ Existing Stop New Stop Bus Color _____ Vender (taxi) / bus driver _____

DROP OFF STOP: _____ TIME _____ (approx.)

Route _____ Existing Stop New Stop Bus Color _____ Vender (taxi) / bus driver _____

Qualify Exception > Granted Denied reason _____

EFFECTIVE DATE: _____ Database updated By/On _____

SPECIAL INSTRUCTIONS _____

Copy for busing Copy for school Copy for LVT SCHOOL PLEASE CALL PARENTS PARENTS CALLED