



## Rural Bus Transportation Request

Please return form to your school for further processing.

**School Attending:** \_\_\_\_\_

**Busing Start Date:** \_\_\_\_\_ 20\_\_\_\_

**Student(s)**

Note: The Learning ID must be completed by the school before transportation begins processing.

Name: \_\_\_\_\_ Learning ID \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Learning ID \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Learning ID \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Learning ID \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

**Legal Land Description Address** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W of \_\_\_\_\_  
(NE,NW,SE,SW)(Section #) (Township) (Range) (Meridian)

<b>NW</b>	<b>NE</b>
<b>SW</b>	<b>SE</b>

Please draw your residence and driveway in the appropriate quarter labelling the applicable street, road, highway, or other landmarks.

**OR**

Attach a google map pin of showing where your residence is located within the quarter you reside in.

**NOTE: Yard service is not provided for driveways under 200m in length.**

**Physical Address:** (include street address, town and/or subdivision)  
 \_\_\_\_\_

**Primary Contact Name**

**Relationship**

**Contact Phone #**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Secondary Contact Name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child utilize a wheelchair or other mobility aid preventing the use of steps? YES or NO (circle)

If yes, please describe: \_\_\_\_\_

Please allow up to seven (7) business days to process and possibly longer in August, September & October.

Delays will occur if information is not legible and/or incomplete.

The family is responsible for transportation until they receive communication from the bus driver.

Parent/ Legal Guardian Signature

Date

OFFICE USE

RECEIVE \_\_\_\_\_

ENTER \_\_\_\_\_

EMAIL \_\_\_\_\_