



Prairie Spirit School Division BUS TRANSPORTATION REQUEST

Please return completed form to Prairie Spirit School Division
Fax: 374-2862 or e-mail: nancy.matechuk@spiritsd.ca

School Requested: _____ Bus Request Start Date: _____ 20 _____

Parents/Guardians Name(s) & Relationship to student: _____

Mailing Address: _____

Home Phone & Cell Nos.: _____ Work Phone Nos.: _____

Legal Land Description: _____ - _____ - _____ W of _____
(section-include NE, NW, SE or SW) (township) (range) (meridian)

Please draw your driveway/street and home location on the diagram of a 1 square mile section of land to show where the school bus will access your property. Please label applicable street, road, or highway names or numbers.
Is your driveway accessible for a bus to turn around in? _____



Alternate Emergency Contact Name and Relationship to Student: _____

Alternate Emergency Contact Phone: _____

STUDENT INFORMATION:

If Applicable

Name: _____ Grade: _____ Allergies/Special Needs: _____

Name: _____ Grade: _____ Allergies/Special Needs: _____

Name: _____ Grade: _____ Allergies/Special Needs: _____

Name: _____ Grade: _____ Allergies/Special Needs: _____

Name: _____ Grade: _____ Allergies/Special Needs: _____

Signature _____

Date _____

Office Use Only

Bus Route: _____ Driver: _____

Comments: _____