

OFFICE USE
RECEIVE ___

Urban École Holy Mary Bus Transportation Request

Maps, bus stop locations, and bus stop times can be viewed on the Prairie Spirit School Division website www.spiritsd.ca/buses

Please return form to your school for further processing.

| Request Type: | New ☐ Change ☐ Pass Type: Home | □ Daycare □ Both □ | |
|---|------------------------------------|----------------------------------|----------------|
| Busing Start Date: | 20 Prin | mary Phone # | |
| Student(s) | | | |
| Name: | SK Learning # | Grade | Gender |
| Name: | SK Learning # | Grade | Gender |
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| Name: | SK Learning # | Grade | Gender |
| Note: The SK Learning # is | to be completed by the school wh | nich you are requiring I | ousing to. |
| Kindergarten students must be met at their designa Students not met by an adult without the waiver sign the school. | | • | • |
| WAIVER FOR KINDERGARTEN STUDEN Please allow the above kindergarten st | tudent(s) to be dropped at bus sto | | neet them. |
| Parent/ Legal Guardian Signature | | | |
| Primary Residence Address: | | | |
| Parent/Guardian Name | Primary Phone # | ‡ Sec | ondary Phone # |
| 1 | | | |
| 2 | | | |
| Emergency Contact Name | | | |
| l | | | |
| Daycare Information | | | |
| Street Address: | | | |
| Provider Name: | Phone Numbe | er: | |
| Does your child utilize a wheelchair or other mobility | | | |
| If yes, please describe: | · · · · · · | | |
| ease allow up to seven (7) business days to process a | | Delays will occur if information | |
| | | | |
| arent/ Legal Guardian Signature | | Date | |

ENTER _____

EMAIL ___